2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P96000052005** Mar 16, 2000 8:00 am 1. Entity Name BAYSIDE JEWELRY APPRAISALS, INC. **Secretary of State** 03-16-2000 90005 013 ***150.00 Principal Place of Business Mailing Address 3104 W DUNWOODIE STREET 3104 W DUNWOODIE STREET TAMPA FL 33629-5212 TAMPA FL 33629 2. Principal Place of Business 3. Mailing Address 3215-A South MacDill Ave 3215-A South MARDII AVE DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3386576 -Ampa FLORIDA FLORIDA Not Applicable TAMA Country \$8.75 Additional Country 5. Certificate of Status Desired 33629 33629 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WEISS, NANCY S Street Address (P.O. Box Number is Not Acceptable) 3215-A South Mac III AVENUE 3104 W DUNWOODIE STREET **TAMPA FL 33629** Zip Code 33629 TAMPA 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE (NOTE, Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. 7R2F034 (9/99) Addition TITLE ☐ Delete TITLE WEISS, NANCY S NAME NAME STREET ADDRESS STREET ADDRESS 3104 W DUNWOODIE STREET CITY-ST-ZIP CITY-ST-ZIE TAMPA FL 33629 Addition TITLE Change Delete TITLE NAME Dunwoodle Street 3104 STREET ADDRESS STREET ADDRESS 33629 CITY-ST-70 CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attactment with an address, with all other like empowered. 2000 SIGNATURE:

Daytime Phone #

Date