

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 28, 2000 8:00 am**  
**Secretary of State**  
 01-28-2000 90138 004 \*\*\*158.75

**DOCUMENT # P96000076193**

1. Entity Name

**BAYSIDE SERVICES, INC.**

Principal Place of Business

440 S.E. 1ST TERRACE  
 POMPANO BEACH FL 33060

Mailing Address

440 S.E. 1ST TERRACE  
 POMPANO BEACH FL 33060-7108

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

230 SE 5 CT

Suite, Apt. #, etc.

230 SE 5 CT

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0696246

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HAINE, JAMES E III  
 440 SE 1 TEN  
 POMPANO BCH FL 33060

Name

JAMES E HAIRE III

Street Address (P.O. Box Number is Not Acceptable)

230 SE 5 CT

City

POMPANO BEACH

FL

Zip Code

33060

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

*James E Haire III*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1-24-2000

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Delete  
 NAME D  
 STREET ADDRESS HAIRE, JAMES IV  
 CITY-ST-ZIP 7821 N.W. 40 STREET  
 CORAL SPRINGS FL 33313

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☒ Delete  
 NAME D  
 STREET ADDRESS HAIRE, JAMES III  
 CITY-ST-ZIP 440 S.E. 1ST TERRACE  
 POMPANO BEACH FL 33060

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 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 attachment with an address, with all other like empowered.

SIGNATURE:

*James E Haire III*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-2000

Date

954-755-6393

Daytime Phone #

CR2E034 (9/99)