

2000 UNIFORM BUSINESS REPORT (UBR)

4/3/

FILED
May 12, 2000 8:00 am
Secretary of State

04-03-2000 90002 038 ***150.00

DOCUMENT # P97000012277

1. Entity Name
BAYSIDE PARTNERS, INC.

Principal Place of Business C/O BERT L JENKS 5838 PINE TREE DRIVE SANIBEL FL 33957	Mailing Address C/O BERT L JENKS 5838 PINE TREE DRIVE SANIBEL FL 33957-2306
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2. Principal Place of Business 4765 Estero Boulevard Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State Ft. Myers Beach, FL	City & State	4. FEI Number 65-0730918	Applied For Not Applicable
Zip 33931	Country USA	Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
JENKS, BERT L
5838 PINE TREE DRIVE
SANIBEL FL 33957

7. Name and Address of New Registered Agent

Name
Stephen H. Sickels

Street Address (P.O. Box Number is Not Acceptable)
4765 Estero Boulevard

City
Ft. Myers Beach, FL Zip Code
33931

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 *Stephen H. Sickels* DATE **4-24-00**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JENKS, BERT L 5838 PINE TREE DRIVE SANIBEL FL 33957	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JENKS, CHARLES E LONG LAKE STATION FORD WA 99013	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST. JENKS, JOAN L 5838 PINE TREE DRIVE SANIBEL FL 33957	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Stephen H. Sickels 4765 Estero Boulevard Ft. Myers Beach, FL 33931	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Deborah R. Sickels 4765 Estero Boulevard Ft. Myers Beach, FL 33931	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Deborah R. Sickels 4765 Estero Boulevard Ft. Myers Beach, FL 33931	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Stephen H. Sickels 4765 Estero Boulevard Ft. Myers Beach, FL 33931	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Stephen H. Sickels* DATE: **3-28-00** DAYTIME PHONE #: **949-581-8528**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 19/99