

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000019749

1. Entity Name

BAYMED CORPORATION

FILED
Jun 08, 2000 8:00 am
Secretary of State

06-08-2000 90036 030 ***150.00

Principal Place of Business

8049 MONETARY DR.
UNIT 05
RIVIERA BEACH FL 33404

Mailing Address

8049 MONETARY DR.
UNIT 05
RIVIERA BEACH FL 33404-1737

2. Principal Place of Business

Suite, Apt. #, etc.
unit C5

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

unit C5

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0747593**

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

BAYNHAM, ANGELINE
12557 WOULD MILL DR
PALM BEACH GARDENS FL 33418

Name

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

225 Skylark Point

City

Jupiter

FL

Zip Code

33458

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

Angeline Baynham

Angeline Baynham

5/25/00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 **P** ☐ Delete
NAME **BAYNHAM, MATTHEW**
STREET ADDRESS **12557 WOODMILL DR**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33418**

TITLE **President** ☒ Change ☐ Addition
NAME **Baynham, matthew**
STREET ADDRESS **225. Skylark Point**
CITY-ST-ZIP **Jupiter FL 33458**

TITLE **T** ☒ Delete
NAME **BAYNHAM, RONALD O**
STREET ADDRESS **533 HOLLY LAKE ROAD**
CITY-ST-ZIP **AIKEN SC 29841**

TITLE **Secretary** ☐ Change ☒ Addition
NAME **Baynham, matthew**
STREET ADDRESS **225. Skylark Point**
CITY-ST-ZIP **Jupiter FL 33458**

TITLE **V** ☐ Delete
NAME **BAYNHAM, BRET O**
STREET ADDRESS **124 N RIVER DRIVE WEST**
CITY-ST-ZIP **JUPITER FL 33458**

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

TITLE **C** ☒ Delete
NAME **BAYNHAM, G. CLAY**
STREET ADDRESS **8 EASTWINDS CIRCLE**
CITY-ST-ZIP **TEQUESTA FL**

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

TITLE **D** ☐ Delete
NAME **BAYNHAM, G CLAY**
STREET ADDRESS **8 EASTWINDS CIRCLE**
CITY-ST-ZIP **TEQUESTA FL**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 a) other like empowered.

SIGNATURE:

Matthew Baynham

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/25/00

Date

Daytime Phone #

CR2E034 (9/95)