

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000047956**

1. Entity Name

BAYSIDE COMMUNICATIONS NETWORK, INC.**FILED**
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90119 002 ***150.00

Principal Place of Business

Mailing Address

8652 NAVARRE PKWY #343
NAVARRE FL 325668652 NAVARRE PKWY #343
NAVARRE FL 32566-2163**707249**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

9945 NAVARRE PARKWAY**9945 NAVARRE PARKWAY**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

NAVARRE FL 32566**NAVARRE FL 32566**

City & State

City & State

4. FEI Number

59-3459581

Applied For

Not Applicable

Zip

Country

32566**USA**

Zip

Country

32566**USA**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

KELLY, JAMES
8652 NAVARRE PKWY #343
NAVARRE FL 32566

Name

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

City

FL | Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/21/009. 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 State10. 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	NAME	STREET ADDRESS	CITY-ST-ZIP		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
	P			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	KELLY, C J								
	5611 HIBISCUS RD								
	PENSACOLA FL 32504								
	VP			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	KELLY, JAMES I								
	2080 JESSICA WAY								
	NAVARRE FL 32566								
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #