

2001 UNIFORM BUSINESS REPORT (UBR)

0006709 AV

DOCUMENT # P97000047956

1. Entity Name
BAYSIDE COMMUNICATIONS NETWORK, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT -8 AM 11:55

Principal Place of Business
9945 NAVARRE PARKWAY
NAVARRE FL 32566

Mailing Address
9945 NAVARRE PARKWAY
NAVARRE FL 32566



2. Principal Place of Business
PO Box 6585
Suite, Apt. #, etc.

3. Mailing Address
PO Box 6585
Suite, Apt. #, etc.

REINSTATEMENT 01
DO NOT WRITE IN THIS SPACE

City & State
Navarre FL 32566
Zip
32566
Country
US

City & State
Navarre FL 32566
Zip
32566
Country
US

4. FEI Number 59-3459581
Applied For ☒ Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
KELLY, JAMES
8652 NAVARRE PKWY #343
NAVARRE FL 32566

7. Name and Address of New Registered Agent
Name James Kelly
Street Address (P.O. Box Number is Not Acceptable)
2080 Jessica Way
City Navarre FL Zip Code 32566

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 I Kelly Vice President DATE October 5 2001
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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 KELLY, C J 5611 HIBISCUS RD PENSACOLA FL 32504 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KELLY, JAMES I 2080 JESSICA WAY NAVARRE FL 32566 <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
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	700004649447-3 -10/23/01--01029--010 ****758.75 ****758.75 <input type="checkbox"/> Change <input 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
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
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: James I Kelly DATE Oct 5 2001 DAYTIME PHONE # 850-939-0102
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (5/01)