

# 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**



**REINSTATEMENT 01**  
DO NOT WRITE IN THIS SPACE

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

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

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

7. Name and Address of New Registered Agent

**KELLY, JAMES  
8652 NAVARRE PKWY #343  
NAVARRE FL 32566**

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 **James I Kelly Vice President** October 5 2001  
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 \$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	<b>P KELLY, C J 5611 HIBISCUS RD PENSACOLA FL 32504</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP KELLY, JAMES I 2080 JESSICA WAY NAVARRE FL 32566</b> <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	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>700004649447-5 -10/23/01--01029--010 ****758.75 ****758.75</b>
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
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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 **James I Kelly** Oct 5 2001 850-939-0102  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)