

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 30, 2001 8:00 am**  
**Secretary of State**

05-30-2001 90033 020 \*\*\*150.00

DOCUMENT # **P97000051064**

1. Entity Name:  
**Bayside Air Conditioning & Heating**

Principal Place of Business: **Destin Florida**  
 Mailing Address: **515 Kelly St Destin FL 32541**

2. Principal Place of Business: **Destin**  
 Suite, Apt. #, etc:

3. Mailing Address: **515 Kelly St**  
 Suite, Apt. #, etc:

City & State: **FL**  
 Zip: **32541** Country: **OKaloussa**

City & State: **Destin Florida**  
 Zip: **32541** Country: **OKaloussa**

**A0072231**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**16 Ridge wood Cir - Glen. G. Hess**  
**Destin FL 32541**

7. Name and Address of New Registered Agent  
 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: \_\_\_\_\_ (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, 2001 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: <b>President</b>	<input type="checkbox"/> Delete
NAME: <b>JEFF HESS</b>	
STREET ADDRESS: <b>515 Kelly St</b>	
CITY-ST-ZIP: <b>Destin FL 32541</b>	
TITLE: <b>Vice President</b>	<input type="checkbox"/> Delete
NAME: <b>Glen Hess</b>	
STREET ADDRESS: <b>416 Ridge Wood Circle, Destin FL 32541</b>	
CITY-ST-ZIP: <b>Destin FL 32541</b>	
TITLE: <b>[REDACTED]</b>	<input type="checkbox"/> Delete
NAME: <b>[REDACTED]</b>	
STREET ADDRESS: <b>[REDACTED]</b>	
CITY-ST-ZIP: <b>[REDACTED]</b>	
TITLE: _____	<input type="checkbox"/> Delete
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Delete
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> 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)(f), 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: **Jeff Hess**  
 NAME AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/00)

I Didn't Recieve my Annual Report so im sending <sup>Attachment</sup> in a copy that I Down loaded OFF OF the <sup>07P7000051064</sup> Internet. <sup>10072031</sup>

Jeff Zhan