

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000059348

1. Entity Name

THE BAY CONSULTING GROUP, INC.

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90158 016 ***150.00

Principal Place of Business

236 SUN VISTA COURT NORTH
TREASURE ISLAND FL 33706

Mailing Address

236 SUN VISTA COURT NORTH
TREASURE ISLAND FL 33715-2041

2. Principal Place of Business

820 Columbus Dr
Suite, Apt. #, etc.
Tierra Verde FL
City & State

3. Mailing Address

820 Columbus Dr
Suite, Apt. #, etc.
Tierra Verde FL
City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3462711

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ERNST, CHRISTINE E
236 SUN VISTA COURT NORTH
TREASURE ISLAND FL 33706

7. Name and Address of New Registered Agent

Name Ernst, Christine E
Street Address (P.O. Box Number is Not Acceptable) 820 Columbus Dr
City Tierra Verde FL Zip Code 33715

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 Christine E Ernst Christine E Ernst President 4/3/00
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

TITLE	D	<input type="checkbox"/> Delete
NAME	ERNST, CHRISTINE E	
STREET ADDRESS	236 SUN VISTA COURT NORTH	
CITY-ST-ZIP	TREASURE ISLAND FL 33706	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ERNST, CHRISTINE E	
STREET ADDRESS	820 Columbus Dr	
CITY-ST-ZIP	Tierra Verde FL 33715	
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)(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: Christine E Ernst Christine E Ernst President 4/3/00
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/99)