## FILED **2001 UNIFORM BUSINESS REPORT (UBR)** May 15, 2001 8:00 am Secretary of State **DOCUMENT # P97000065335** BAYPORT LAND ASSET HOLDINGS, INC. 05-15-2001 90104 028 \*\*\*150.00 Principal Place of Business Mailing Address 6699 - 90TH AVE., N. 6699 - 90TH AVE., N. PINELLAS PARK FL 33782 PINELLAS PARK FL 33782 2. Principal Place of Business 3. Mailing Address 742-2ND 742 - 2NI) AUF S. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 59-3458512 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MAGGIO FRANK MAGGIO, FRANK Street Address (P.O. Box Number is Not Acceptable) 6699 - 90TH AVE., N. PINELLAS PARK FL 33782 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 FRANK S. MAHIO SIGNATURE ted name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRE TORS IN 11 11. OFFICERS AND DIRECTORS ☐ Addition TITLE ☐ Delete TITLE FRANKSMAGG10 FRANK MAGGIO NAME NAME 6699 - 90TH AVE., N. STREET ADDRESS 702-2ND AUE STREET ADDRESS PINELLAS PARK FL 33782 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE JOHN PROSSER NAME PROSSER NAME 6699 - 90TH AVE., N. STREET ADDRESS STREET ADDRESS PINELLAS PARK FL 33782 CITY-ST-7IP CITY-ST-ZIP Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME

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.

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

NGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

☐ Delete

5-1-01 727-54

☐ Change

☐ Addition