

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90142 031 ***150.00

DOCUMENT # P98000022957

1. Entity Name
BAYVIEW MANAGEMENT SERVICES OF ST. PETERSBURG, I



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
 4TH AVENUE N.E. 126 4TH AVENUE N.E.
 ST. PETERSBURG FL 33701 ST. PETERSBURG FL 33701-3402

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number **59-3511150** 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

~~DAVIS, KAREN E~~
~~126 4TH AVENUE N.E.~~
~~ST. PETERSBURG FL 33701~~
Dennis Youschak
1962 3rd Ave N

Name **Dennis Youschak**
 Street Address (P.O. Box Number is Not Acceptable) **1962 3rd Ave N.**
 City **St. Petersburg** FL Zip Code **33713**

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 _____ DATE **1-10-00**
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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D <input checked="" type="checkbox"/> Delete	NAME DAVIS, KAREN E
STREET ADDRESS 126 4TH AVENUE N.E.	CITY-ST-ZIP ST. PETERSBURG FL 33701
TITLE D <input checked="" type="checkbox"/> Delete	NAME DAVIS, CYNTHIA L
STREET ADDRESS 1935 MONTANA AVE. N.E.	CITY-ST-ZIP ST. PETERSBURG FL 33701
TITLE President <input type="checkbox"/> Delete	NAME Jewly Youschak
STREET ADDRESS 126 4th Ave N.E.	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

TITLE President <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME Jewly Youschak
STREET ADDRESS 126 4th Ave N.E.	CITY-ST-ZIP ST. PETERSBURG FL 33701
TITLE Vice Pres. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME Dennis Youschak
STREET ADDRESS 126 4th Ave N.E.	CITY-ST-ZIP ST PETERSBURG FL 33701
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: DATE: **1/10/00** 727-822-1700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/99)