FILED

2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachmen

SIGNATURE

Jan 31, 2002 8:00 am Secretary of State DOCUMENT # P98000022957 1. Entity Name 01-31-2002 90004 049 ***150 00 BAYVIEW MANAGEMENT SERVICES OF ST. PETERSBURG. I NC. Mailing Address Principal Place of Business 126 4TH AVENUE N.E. 126 4TH AVENUE N.E. ST. PETERSBURG FL 33701 ST. PETERSBURG FL 33701 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3511150 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent 126 4th Ave NE St. Petersburg FL 33701 YOUSCHAK, DENNIS Street Address (P.O. Box Number is Not Acceptable) ~1962-3RD-AVE-N SAINT PETERSBURG FL 33713 Zio Code City FI 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. Signature, typed or printed 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 After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. ☐ Change Addition TITLE ☐ Delete TITLE NAME YOUSCHAK, JEWLY NAME STREET ADDRESS STREET ADDRESS 126 -4TH AVE NE CITY-ST-ZIP SAINT PETERSBURG FL 33701 CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE TITLE NAME NAME YOUSCHAK, DENNIS STREET ADDRESS STREET ADDRESS 126 -4TH AVE NE CITY-ST-ZIP CITY-ST-ZIP SAINT PETERSBURG FL 33701 ☐ Change ☐ Addition Delete -TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ---- Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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