2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P98000025185 May 02, 2000 8:00 am 1. Entity Name Secretary of State BAY INDUSTRIES GROUP, INC. 05-02-2000 90034 044 ***150.00 Principal Place of Business Mailing Address 1948 IOWA AVENUE N.E. 1948 IOWA AVENUE N.E. ST. PETERSBURG FL 33715-1944 ST. PETERSBURG FL 33703 Principal Place of Business DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3499821 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 COHEN, DAVID R 1948 IOWA AVENUE N.E. ST. PETERSBURG FL 33703 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) Signature, typed or printed name of registered agent and title if applicable 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, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS OFFICERS AND DIRECTORS 12. 11. Cohen, DAVID R. Change Addition 182 Pine 11 As Baying 4 5. \$107 Tierra Verle, F1. 33715 Alles TITLE ☐ Delete COHEN, DAVID R NAME STREET ADDRESS STREET ADDRESS 1948 IOWA AVENUE N.E. CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL 33703 Cohen, MAUREEN E Grange Addition 122 FINELIAS BAYWAY J. #107 TIETTA VELLE F1-337:5 ☐ Delete TITLE TITLE COHEN, MAUREEN E NAME NAME STREET ADDRESS STREET ADDRESS _1948 IOWA AVENUE N.E. CITY-ST-7IP CITY-ST-ZIP ST. PETERSBURG FL 33703 ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME STREET ADDRESS 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 employed 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 true and the employed.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR