FILED

CR2Fn24 (9/01

2002 UNIFORM BUSINESS REPORT (UBR)

Mar 06, 2002 8:00 am P98000032749 Secretary of State **DOCUMENT #** 1. Entity Name 03-06-2002 90094 047 ***150.00 BAY AREA DESIGN, INC. Principal Place of Business Mailing Address 5720 FIRST AVENUE NORTH 5720 FIRST AVENUE NORTH ST. PETERSBURG FL 33710 ST. PETERSBURG FL 33710 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3514980 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HEBB, STACY A Street Address (P.O. Box Number is Not Acceptable) 6547 5TH AVE N. ST. PETERSBURG FL 33710 Zip Code City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS Addition TITLE ☐ Delete TITLE Change Felix, Paul R - AR-0006194 HEBB. ROBERT E NAME NAME 635 34TH AVENUE NE 10951 - 110th Ave N. STREET ADDRESS STREET ADDRESS ST PETERSBURG FL 33704 CITY-ST-ZIP CITY-ST-ZIP Largo, FL 33778 TITLE ☐ Delete TITLE Change Addition NAME HEBB. STACY A NAME Hebb, Daniel M 635 34th AVE N.E. STREET ADDRESS 635 34TH AVENUE NE STREET ADDRESS CITY-ST-ZIP ST PETERSBURG FL 33704 CITY-ST-ZIP St. Petersburg, FL Delete ☐ Change TITLE TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition 'NAMF NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP

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.