## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

134 HARBOR DRIVE

TAVERNIER FL 33070

## DOCUMENT # P98000049911

1: Entity Name

Principal Place of Business

134 HARBOR DRIVE

TAVERNIER FL 33070

BAYSIDE CONSULTANTS, INC.



## FILED Jan 15, 2003 8:00 am Secretary of State

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2. Principal P	lace of Busin	iess	3. Maili	3. Mailing Address				T 1 DER HOUSE SHE HOUGH TORKE OUSHE ORBITE OUT IN JURIN DUING JOHNE HERET SKEET HER FORE				
Suite, Apt.	#, etc.		Suite	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & Stat	e		City	City & State			<b>4</b> , F	65-0841607		_	oplied For ot Applicable	
Zip	Country			Zip Cou		try	5. Certificate of Status Desired			75 Add		
	and Address of Cu	rrent Registere	d Agent		7. Name and Address of New Registered Agent							
DYE, JOHN P						Name						
134 HARBOR DRIVE						Street Address (P.O. Box Number is Not Acceptable)						
	R FL 33070	١										
IAAEUME	n FL 330/1	,										
						City		F	∶L I <sup>z</sup>	ip Cod	е	
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	ions of regist		ent for the purpe	ac or changing it	ricgistore	sa office of regi	isiores ag	one, or both, in the state of thorida.	1	21 77.61,	and accept	
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SIGNATURE ,	No S								3/03			
	Signature, typeo	printed name of registered	agent and title if appli	cable. (NO1	E: Registere	d Agent signature rec	quired when re	instating) DATI				
¥	ILE NOW!!	! FEE IS \$150.00	<b>)</b>					C Floring Committee Financiae		<b>65.0</b>	ο	
After May 1, 2003 Fee will be \$550.00								<ol> <li>Election Campaign Financing Trust Fund Contribution.</li> </ol>			May Be to Fees	
Make Check	c Payable to	Florida Departme	ent of State					Trast rana Contribution.	_	Addoc	2 10 1 000	
10.		OFFICERS	AND DIRECTOR	RS	11.		AD	DITIONS/CHANGES TO OFFICERS A	ND DIRE	CTOR	S IN 11	
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2. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

STATERE REQUIRED

STORY TURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/03

305-394-1805

Daytime Phone #

CR2E034 (10/0