## 2002 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT #**

## **FILED**

May 07, 2002 8:00 am § Secretary of State

P98000073548 1. Entity Name 05-07-2002 90361 021 \*\*\*150.00 BAHIA BEACH MANAGEMENT SERVICES, INC. Principal Place of Business Mailing Address 816-B BAHIA DEL SOL DR. PO BOX 37 Bannaara RUSKIN FL 33570 RUSKIN FL 33570 E 2. Principal Place of Business 3. Mailing Address 816-B Bahia Del Sol DR. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3528971 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SAUCIER, BETTY Street Address (P.O. Box Number is Not Acceptable) 816-B BAHIA DEL SOL DR. RUSKIN FL 33570 City Zip Code 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. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE CR2E034 (9/01) ☐ Delete TITLE Change ☐ Addition NAME NOONAN, PATRICIA NAME STREET ADDRESS 816-B BAHIA DEL SOL DR. STREET ADDRESS CITY-ST-ZIP **RUSKIN FL 33570** CITY-ST-ZIP DPT TITLE ☐ Delete ☐ Change ☐ Addition NAME SAUCIER, BETTY NAME STREET ADDRESS 816-B BAHIA DEL SOL DR. STREET ADDRESS CITY-ST-ZIP RUSKIN FL 33570 CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

TYPED OR PRINTED

Daytime Phone #