FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2003 8:00 am
Secretary of State
04-03-2003 90160 039 ***150.00

DOCUMENT # P98000087941 ✓

1. Entity Name
BAYKAP, INC ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
8445 S. Tamiami Trail	P.O. Box 868
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Sarasota, FL	City & State: Osprey, FL
Zip: 34238 Country:	Zip: 34229 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3547422 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: M. Kaplan
Street Address (P.O. Box Number is Not Acceptable): 8445 S. Tamiami Trail
City: Sarasota FL Zip Code: 34238

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: M. Kaplan, MARVIN KAPLAN 3/27/03
Signature, typed or printed name of registered agent (and title, if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: P/T/S NAME: MARVIN KAPLAN STREET ADDRESS: 8445 S. TAMIAMI TRAIL CITY-ST-ZIP: SARASOTA, FL 34238	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
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CR2E034B (12/02)

12. 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 on an attachment with an address, with all other like empowered.

SIGNATURE: M. Kaplan MARVIN KAPLAN 3/27/03 941-587-9000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #