FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 91466 005 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000093568

1. Entity Name
BAYFAIR CUSTOM HOMES NORTH, INC.

Principal Place of Business	Mailing Address
3717 WEST NORTH 'B'S STREET TAMPA, FL 33609	~~3050 S DALE MABRY HWY.~~ ~~TAMPA, FL 33629~~

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	3717 WEST NORTH B STREET Suite, Apt. #, etc.
City & State	City & State: TAMPA, FL
Zip / Country	Zip: 33609 / Country: US

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number: 59-3551962 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MORIS, J. MICHAEL ~~3050 S. DALE MABRY HWY~~ ~~TAMPA, FL 33629~~	Name: MORRIS, J. MICHAEL Street Address (P.O. Box Number Is Not Acceptable): 3717 WEST NORTH B STREET City: TAMPA FL Zip Code: 33609

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MORRIS, J. MICHAEL 3050 S DALE MABRY HWY. TAMPA, FL 33629	☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (10/02)

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X _____ 4/10/03 8135753820
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

J MICHAEL MORRIS
DIRECTOR