2001 UNIFORM BUSINESS REPORT (UBR)

Apr 06, 2001 8:00 am Secretary of State DOCUMENT # P99000015461 BAYSHORE EAST CORPORATION 04-06-2001 90016 047 ***150.00 Principal Place of Business Mailing Address 9260 BAY PLAZA BLVD. #501 9260 BAY PLAZA BLVD. #501 TAMPA FL 33619 **TAMPA FL 33619** 2. Principal Place of Business 3. Mailing Address Adamo Driv 9331 W. Adamo 9331 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 20*0* 200 City & State City & State 4. FEI Number Applied For 59-3558233 Tampa amoa Not Applicable Zip country \$8.75 Additional 5. Certificate of Status Desired tills benoual Fee Required ---Hellsborous 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent R. REID HANEY Street Address (P.O. Box Number is Not Acceptable) 101 E. KENNEDY BOULEVARD **SUITE 4100** TAMPA FL 33602 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) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS TITLE ☐ Delete TITLE NAME 9331 W. Adamo Dr #200 LEWIS, JAMES W JR. NAME STREET ADDRESS STREET ADDRESS 9260 BAY PLAZA BLVD. #501 CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33619** TITLE ☐ Delete TITLE NAME LEWIS, CHRISTOPHER R NAME W. Adamo DR. #200 STREET ADDRESS STREET ADDRESS 9260 BAY PLAZA BLVD. #501 CITY-ST-7IP CITY-ST-ZIP **TAMPA FL 33619** TITLE ☐ Delete TITLE NAME NAME: --STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 attachmen; with a address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

1/29/01