2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with 40

SIGNATURE:

FILED Apr 18, 2000 8:00 am Secretary of State DOCUMENT # **P99000022531** 1. Entity Name BAYONET SERVICES CORP. 04-18-2000 90178 050 ***150.00 Principal Place of Business Mailing Address 8035 - 29TH AVENUE NORTH 8035 - 29TH AVENUE NORTH ST. PETERSBURG FL 33710-2862 ST. PETERSBURG FL 33710 2. Principal Place of Business 3. Mailing Address 14182 SPOONBILL LANE 14192 SPOONBILL LANE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE CITY & State CLEMMWATER, PL Applied For City & State 59-3567054 CLEANWATER, FL. Not Applicable Zip **オ376**み Country USA \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HENDENSUN, BAVID A Street Address (P.O. Box Number is Not Acceptable) 14182 SPEON BILL LANE HENDERSON, DAVID A 8035 - 29TH AVENUE NORTH ST. PETERSBURG FL 33710 City C LEAR WATER submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named entit (NOTE: Registered Agent signature required when reinstating) FILE NOW!!!-FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 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 Addition CR2E034 (9/99 ☐ Delete TITLE HENDERSON, DAVID A. HENDERSON, DAVID A NAME NAME 14182 SPOONBILL LANE STREET ADDRESS 8035 - 29TH AVENUE NORTH STREET ADDRESS CLEARWAGER, FL, 33762 CITY-ST-ZIE CITY-ST-ZIP ST. PETERSBURG FL 33710 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP-CITY-ST-ZIP Addition ☐ Delete ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

DAVID A HENDERSON APRIL 11/2000