

# 2000 UNIFORM BUSINESS REPORT (UBR)

4/

DOCUMENT # P99000024992

1. Entity Name

SOUTHERN BAY CONSTRUCTION, INC.

**FILED**  
**May 26, 2000 8:00 am**  
**Secretary of State**

04-22-2000 90092 022 \*\*\*150.00

Principal Place of Business  
2083 J&C BOULEVARD  
NAPLES FL 34109

Mailing Address  
2083 J&C BOULEVARD  
NAPLES FL 34109

2. Principal Place of Business  
5415 Jaeger Rd #A

3. Mailing Address  
5415 Jaeger #A

Suite, Apt. #, etc.  
A

Suite, Apt. #, etc.  
A

City & State  
Naples, FL

City & State  
Naples, FL

Zip  
34109

Country  
USA

Zip  
34109

Country  
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number  
59-3565105

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

SIESKY, JAMES H  
1000 N TAMiami TRAIL  
SUITE 201  
NAPLES FL 33940

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL 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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

## 11. OFFICERS AND DIRECTORS

| TITLE | NAME              | STREET ADDRESS   | CITY-ST-ZIP             | <input type="checkbox"/> Delete |
|-------|-------------------|------------------|-------------------------|---------------------------------|
| D     | FINLAYSON, ROBERT | 2525 TARPON ROAD | NAPLES FL 34102         | <input type="checkbox"/>        |
| D     | BAGLEY, MARK A    | 3988 ALOHA LANE  | BONITA SPRINGS FL 34134 | <input type="checkbox"/>        |
|       |                   |                  |                         | <input type="checkbox"/>        |
|       |                   |                  |                         | <input type="checkbox"/>        |
|       |                   |                  |                         | <input type="checkbox"/>        |
|       |                   |                  |                         | <input type="checkbox"/>        |
|       |                   |                  |                         | <input type="checkbox"/>        |

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |

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.

SIGNATURE: *Mark A. Bagley*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-09-00

Date

941-594-1260

Daytime Phone #

CR2E034 (9/99)