2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P99000039331

1. Entity Name

DOCUMENT #



FLORIDABYOWNER.COM.INC.								
Principal Place of Business 12651 SOUTH DIXIE HWY. SUITE 327 PINECREST FL 33156		Mailing Address 12651 SOUTH DIXIE HWY. SUITE 327 PINECREST FL 33156						
2. Principal F	Place of Business	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & Stat	te	City & State	<u> </u>	· · · · · · · · · · · · · · · · · · ·	4. FEI Number 65-0928283		pplied For ot Applicable	
Zip	Country	Zip	Cour	ntry		8.75 Add	ditional	
	6. Name and Address of Curren	t Registered Agent			7. Name and Address of New Registered Ag			
				Name		 .	_	
	NESSY, MICHAEL W IUTH DIXIE HIGHWAY,STE.327		Street Address		P.O. Box Number is Not Acceptable)			
PINECRES	ST FL 33156							
				City	FL	Zip Cod	e	
the obligat	tions of registered agent. Signature, typed or printed name of registered agen			d Agent signature required	ed agent, or both, in the State of Florida. am fan	mical vyigh,		
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.		00 May Be d to Fees	
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND D	IRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHAUGHNESSY, MICHAEL W 12651 SOUTH DIXIE HIGHWAY PINECREST FL 33156	□ : #327	NAM STRE			Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			NAM STRE	J		Change	☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ c	NAM STRE	í	С	□ Change	Addition	
TITLE NAME Street Address City-St-Zip			NAM STRE	l l	С] Change	Addition	
TITLE NAME STREET ADDRESS			NAM	ı	С	_ Change	☐ Addition	

12. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATIVE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 01, 2003 8:00 am § Secretary of State

FILED

05-01-2003 90280 004 ***150.00