# FOR PROFIT CORPORATION
# UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000056437

1. Entity Name
Blue Bay Investments Inc.

FILED
03 NOV 20 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800024889998
11/20/03--01063--021 **70.00

DO NOT WRITE IN THIS SPACE

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| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 860 North Orange Ave | 860 North Orange Ave. |
| Suite, Apt. #, etc. Suite # 404 | Suite, Apt. #, etc. Suite # 404 |
| City & State Orlando FL | City & State Orlando FL |
| Zip 32801 Country Orange | Zip 32801 Country Orange County |

4. FEI Number 59-3585644 ☐ Applied For ☐ Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name: Salvatore L Esposito
Street Address (P.O. Box Number is Not Acceptable): 860 North Orange Ave
Suite 404
City: Orlando **FL** Zip Code: 32801

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: Salvatore Esposito Salvatore L Esposito President 3/31/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**January 1 - May 1 Fee is $150.00**
**After May 1, Fee is $550.00**
**Amended UBR is $61.25**
**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

| | |
|---|---|
| TITLE | President |
| NAME | Salvatore L. Esposito |
| STREET ADDRESS | 860 North Orange Ave Suite #404 |
| CITY-ST-ZIP | Orlando FL 32801 |
| TITLE | Vice President |
| NAME | Salvatore L Esposito |
| STREET ADDRESS | 860 North orange ave. Suite #404 |
| CITY-ST-ZIP | Orlando FL 32801 |
| TITLE | Treasurer |
| NAME | Salvatore L Esposito |
| STREET ADDRESS | Same as above |
| CITY-ST-ZIP | |
| TITLE | Secretary |
| NAME | Salvatore L Esposito |
| STREET ADDRESS | Same as above |
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

**SIGNATURE:** Salvatore Esposito Salvatore L Esposito 3-31-03 407-230-8559
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #