FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000056437

1. Entity Name
Blue Bay Investments Inc.

FILED
03 NOV 20 AM 11:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

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	TITLE	
NAME	SALVATORE L. ESPOSITO	NAME	
STREET ADDRESS	860 North Orange Ave Suite # 404	STREET ADDRESS	
CITY-ST-ZIP	Orlando FL 32801	CITY-ST-ZIP	
TITLE	Vice President	TITLE	
NAME	SALVATORE L ESPOSITO	NAME	
STREET ADDRESS	860 North Orange Ave. Suite # 404	STREET ADDRESS	
CITY-ST-ZIP	Orlando FL 32801	CITY-ST-ZIP	
TITLE	Treasurer	TITLE	
NAME	SALVATORE L ESPOSITO	NAME	
STREET ADDRESS	SAME AS ABOVE	STREET ADDRESS	**DO NOT WRITE**
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	Secretary	TITLE	**IN THIS SPACE**
NAME	SALVATORE L ESPOSITO	NAME	
STREET ADDRESS	SAME AS ABOVE	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 #

CR2E034B (12/02)