## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED Jul 10, 2003 8:00 am Secretary of State

DOCUMENT # P9900058783  1. Entity Name BAYBORO HOUSE BED AND BREAKFAST ON OLD TAMPA BA , INC.							06-16-2003 07-10-2003				
Principal Place of Business Mailing Address 1719 SE BEACH DRIVE 1719 SE BEACH DRIVE SAINT PETERSBURG FL 33701 SAINT PETERSBURG FL 33							ļi.				•
2. Principal Place of Business			3. Mailing Address			<u> </u>				,	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			1	CHECK HERE	F MAKING (	HANGES	\$	
City & State			City & State		4. FEI Number 59-3588270				Applied For Not Applicable		
Zip	Country		Zip Caun		5. Certificate of S			Free Free	8.75 Ad to Requir	lditional ed	
6. Name and Address of Current Registered Agent							7. Name and Address of New Registered Agent				
"VCLLV" BY		- •	a gradina di unitari di	، معنه شبته	Name		ه ۱۳۰۰ مسسور خدا ۱۹۰۶ مسسور		· *****		-
	BEACH DRIVE			Street Address (P.O. Box Number is Not Acceptable)							
SAINT PE	TERSBURG FL 33701				City				Zio Coo	de	-
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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 Signature, hyped or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE											
FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be											
	Payable to Florida D		State			Trus	t Fund Contribution	. 🗆		d to Fees	1
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12. I hereby of indicated	on this report or supplem	iental report is tru	is filing does not qualify for Je and accurate and that n	the exer	nption stated in Seure shall have the	same legal effect a	as if made under oa	th: that I am a	an officer	or director	
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 cath; that I am an officer or director of the corporation or the receiver of 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.											
SIGNAT	URE:		PRECIE	<u>U</u> Li	<u>/</u>		21/12				
	SIGNATURE	AND ITPED OK PRIN	TED NAME OF SIGNING OFFICER	UN UNRECK	pri.		joane `	Dayter	e Phone #	ř	ı