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2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 01, 2001 8:00 am DOCUMENT # P99000059618 **Secretary of State** BACK OF THE BAY ENTERPRISES, INC. 02-01-2001 90184 007 ***150.00 Principal Place of Business Mailing Address 2412 KINGS LAKE BLVD. 2412 KINGS LAKE BLVD. NAPLES FL 34112 NAPLES FL 34112 ngs lake Blud. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0173940 Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ---Name TAIT, MARY L Street Address (P.O. Box Number is Not Acceptable) 2412 KINGS LAKE BLVD. NAPLES FL 34112 City 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. 0 (NOTE: Registered Agent signature required when reinstating) of registered agent and title if applicable 9. This corporation is eligible to satisfy its intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE Delete TAIT, MARY L NAME NAME 2412 KINGS LAKE BLVD. STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP NAPLES FL 34112 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITI F Change Addition: NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE Change Addition

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 justee 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 times my properties.

NAME

STREET ADDRESS

CITY-ST-7IP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #