

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 04, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P99000082485**1. Entity Name  
BAY BEANS, INC.

Principal Place of Business 18021 KINGS PARK DRIVE  TAMPA FL 33647	Mailing Address 18021 KINGS PARK DRIVE  TAMPA FL 33647
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2. Principal Place of Business	3. Mailing Address 19046 BRUCE B DOWNS BLVD
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Suite, Apt. #, etc.	Suite, Apt. #, etc. PMB # 116
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City & State	City & State TAMPA FL
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Zip	Country	Zip	Country
33647		33647	

4. FEI Number <b>59-3606590</b>	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**MUSELLA THOMAS  
18021 KINGS PARK DR.

TAMPA FL 33647 US

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE \_\_\_\_\_ DATE **02/04/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	D	<input type="checkbox"/> Delete
NAME	MUSELLA NANCY J	
STREET ADDRESS	18021 KINGS PARK DRIVE	
CITY-ST-ZIP	TAMPA FL 33647	

TITLE	D	<input type="checkbox"/> Delete
NAME	MEGGS SHERYL L	
STREET ADDRESS	10006 OXFORD CHAPEL DRIVE	
CITY-ST-ZIP	TAMPA FL 33647	

TITLE	D	<input type="checkbox"/> Delete
NAME	CAPTAIN MICHELE M	
STREET ADDRESS	10210 ESTUARY DRIVE	
CITY-ST-ZIP	TAMPA FL 33647	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 trustee 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 like empowered.

**SIGNATURE:** Michele M Captain

D

02/04/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)