

FILED
Apr 04, 2003 8:00 am
Secretary of State

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03-20-2003 90109 030 *****1.50

04-04-2003 90146 010 ***148.50

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

DOCUMENT # P99000082485

1. Entity Name
BAY BEANS, INC.



Principal Place of Business
**18021 KINGS PARK DRIVE
TAMPA, FL 33647**

Mailing Address
**19046 BRUCE B DOWNS BLVD
PMB # 116
TAMPA, FL 33647**

2. Principal Place of Business
10020 CROSS CREEK BLVD
Suite, Apt. #, etc.

3. Mailing Address
10020 CROSS CREEK BLVD
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
TAMPA, FL

City & State
TAMPA, FL

4. FEI Number
59-3606590

Applied For
☐ Not Applicable

Zip
33647

Country

Zip
33647

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MUSELLA, THOMAS
18021 KINGS PARK DR.
TAMPA, FL 33647**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and (if applicable)

(NOTE: Registered Agent's Signature is Required when Submitting)

DATE

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CAPTAIN, MICHELE M
10210 ESTUARY DRIVE
TAMPA, FL 33647**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MEGGS, SHERYL L
10006 OXFORD CHAPEL DRIVE
TAMPA, FL 33647**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MUSELLA, NANCY J
18021 KINGS PARK DRIVE
TAMPA, FL 33647**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
[Signature]**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CAPTAIN, JAMES
10210 ESTUARY DR
TAMPA, FL 33647**

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MEGGS, SPENCER
10006 OXFORD CHAPEL DR
TAMPA, FL 33647**

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MUSELLA, THOMAS
18021 KINGS PARK DR
TAMPA, FL 33647**

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
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)(f), 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Michele M Captain
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

Michele M Captain
Director

Date

3/18/03 991-5974
Daytime Phone #

CR20034 (10/02)