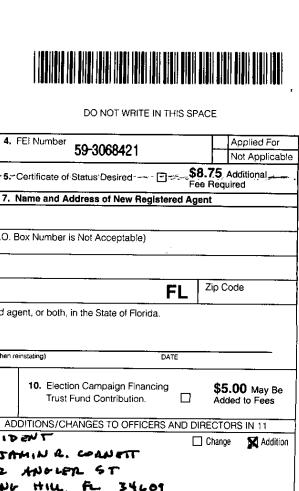
## 2002 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT #** S58188 1. Entity Name SOUTHERN BAY CORPORATION Principal Place of Business Mailing Address 9315 EDEN AVENUE 9315 EDEN AVENUE HUDSON FL 34667 HUDSON FL 34667 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Zip Country 6. Name and Address of Current Registered Agent Name CORNETT, BENJAMIN RAY Street Address (P.O. Box Number is Not Acceptable) 13092 ANGLER ST SPRING HILL FL 34609 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 (See criteria on back) Make Check Payable to Department of State

## FILED May 23, 2002 8:00 am Secretary of State

05-23-2002 90122 017 \*\*\*150.00



11.	OFFICERS AND DIRECTORS	12.	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
	VSTD	ite TITLE	PRESIDENT Char		
	CORNETT, CATHERINE MARY	NAME	BENJAMIN R. CORNETT	•••	
	13092 ANGLER ST	STREET ADDRESS	13092 ANGLER ST		
CITY-ST-ZIP	SPRING HILL FL	CITY-ST-ZIP	SPAND HILL FL 34601	,	
TITLE	VPST □ Dele	te TITLE	SEGMENTON Chan	e Addition	
NAME	CORNETT, CATHERINE MARY	NAME	Vice President & Secretary	,	
	13092 ANGLER ST	STREET ADDRESS	AICE LIESIGION & Decreiding	-	
	SPRING HILL FL	CITY-ST-ZIP	34609	Í	
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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 approvered.

SIGNATURE:

CR2E034 (9/01)