

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

DOCUMENT # **S58188**

1. Entity Name
SOUTHERN BAY CORPORATION



Principal Place of Business
**9315 EDEN AVENUE
HUDSON FL 34667**

Mailing Address
**9315 EDEN AVENUE
HUDSON FL 34667**

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. **Suite, Apt. #, etc.**

City & State **City & State**

Zip **Country**

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

4. FEI Number **59-3068421** **Applied For**
Not Applicable

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**CORNELL, BENJAMIN RAY
13092 ANGLER ST
SPRING HILL FL 34609**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

**9. Election Campaign Financing
Trust Fund Contribution.**

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** Delete
NAME **GANETT, BENJAMIN R**
STREET ADDRESS **13092 ANGLER ST**
CITY-ST-ZIP **SPRING HILL FL 34609**

TITLE **VPS** Delete
NAME **CORNELL, CATHERINE MARY**
STREET ADDRESS **13092 ANGLER ST**
CITY-ST-ZIP **SPRING HILL FL 34609**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** Change Addition
NAME **CORNELL, BENJAMIN R.**
STREET ADDRESS **13092 ANGLER ST**
CITY-ST-ZIP **SPRING HILL FL 34609**

TITLE Change Addition
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)(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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowerments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-03 727-819-9609

Date

Daytime Phone #

CR2E034 (10/02)