

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2000 8:00 am**  
**Secretary of State**

04-24-2000 90147 036 \*\*\*150.00

**DOCUMENT # S63617**

1. Entity Name  
**BAYCREST REALTY CORP.**

Principal Place of Business 21 9TH ST SO STE 200 ST. PETERSBURG FL 33705 US	Mailing Address 21 9TH ST S STE 200 ST. PETERSBURG FL 33705-1604 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 607 S. ALBANY AV Suite, Apt. #, etc. #5	3. Mailing Address P.O. Box 4493 Suite, Apt. #, etc.
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City & State TAMPA FL	City & State TAMPA FL	4. FEI Number 59-3078485	Applied For <input type="checkbox"/> Not Applicable
Zip 33606	Country USA	Zip 33677	Country USA

6. Name and Address of Current Registered Agent  
**SPADA, RICHARD**  
 21 9TH ST S  
 ST. PETERSBURG FL 33705

7. Name and Address of New Registered Agent  
 Name **SAMB**  
 Street Address (P.O. Box Number is Not Acceptable)  
**607 S. ALBANY AVE #5**  
 City **TAMPA** FL Zip Code **33606**

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 *Richard Spada* (Signature typed or printed name of registered agent and title if applicable.)  
 DATE 4/20/00 (NOTE: Registered Agent signature required when reinstating)

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, 2000 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST SPADA, RICHARD <del>21 9TH ST S</del> ST. PETERSBURG FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>SPADA</del> ADDRESS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 607 S. ALBANY AVE #5 TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 I am empowered.

SIGNATURE: *Richard Spada* SIGNATURE REQUIRED  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date 4/20/00 Daytime Phone # 727-460-0711

CR2E034 (9/99)