

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 11, 2002 8:00 am**  
**Secretary of State**

02-11-2002 90179 006 \*\*\*150.00

DOCUMENT # **V18322**

1. Entity Name  
**BAY REALTY INVESTMENTS INC.**

|   |   |
|---|---|
| Principal Place of Business<br><del>20700 PINETREE LANE</del><br><del>ESTERO FL 33928</del><br>US | Mailing Address<br>% STEVEN A. CHAMBERLAIN<br><del>20700 PINE TREE LANE</del><br><del>ESTERO FL 33928</del><br>US |
|---|---|



DO NOT WRITE IN THIS SPACE

|   |   |
|---|---|
| 2. Principal Place of Business<br><b>23429 Slash Pine Court</b> | 3. Mailing Address<br><b>23429 Slash Pine Court</b> |
| Suite, Apt. #, etc.   | Suite, Apt. #, etc.                                 |

|   |   |
|---|---|
| City & State<br><b>Bonita Springs, FL</b> | City & State<br><b>Bonita Springs, FL</b> |
| Zip<br><b>34134</b>                       | Zip<br><b>34134</b>                       |
| Country                                   | Country                                   |

|  |  |
|--|--|
| 4. FEI Number<br><b>65-0318483</b>                           | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required                  |

6. Name and Address of Current Registered Agent

**CHAMBERLAIN, STEVEN A. BAY REALTY INVESTMENTS, INC.**  
**C/O STEVEN A. CHAMBERLAIN**  
**20700 PINE TREE LANE**  
**ESTERO FL 33928**

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**23429 Slash Pine Court**  
 City  
**Bonita Springs** FL Zip Code  
**34134**

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 \_\_\_\_\_  
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 Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PSTD<br/>CHAMBERLAIN, STEVEN A.<br/>20700 PINE TREE LANE<br/>ESTERO FL</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>Change</b> <input checked="" type="checkbox"/> Addition <input type="checkbox"/><br><b>23429 Slash Pine Court<br/>Bonita Springs, FL 34134</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>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 like empowered.

SIGNATURE: **REQUIRED** Date **1-22-02** (941) 947-9322 Daytime Phone #

CR2E034 (9/01)