

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

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90174 020 ***158.75

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DOCUMENT # P98000023562

1. Entity Name
GULF BAY ADVERTISING AGENCY, INC.



Principal Place of Business
**3200 TAMiami TRAIL N.
SUITE 200
NAPLES FL 34103**

Mailing Address
**3200 TAMiami TRAIL N.
SUITE 200
NAPLES FL 34103**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3508854**

Applied For
Not Applicable

Zip Country

Zip Country

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WOODWARD, MARK J
3200 TAMiami TRAIL N.
SUITE 200
NAPLES FL 34103**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D <input checked="" type="checkbox"/> Delete
NAME	DINARDO, ANTHONY
STREET ADDRESS	3470 CLUB CENTER BLVD
CITY-ST-ZIP	NAPLES FL 34114
TITLE	D <input type="checkbox"/> Delete
NAME	PARISI, JOSEPH L
STREET ADDRESS	3470 CLUB CENTER BLVD
CITY-ST-ZIP	NAPLES FL 34103
TITLE	D <input type="checkbox"/> Delete
NAME	WOODARD, MARK J
STREET ADDRESS	3200 TAMiami TRAIL N., STE 200
CITY-ST-ZIP	NAPLES FL 34103
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FERRAO, AUBREY J.
STREET ADDRESS	3470 Club Center Boulevard
CITY-ST-ZIP	Naples, FL 34114
TITLE	VPD <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PARISI, JOSEPH L.
STREET ADDRESS	3470 Club Center Boulevard
CITY-ST-ZIP	Naples, FL 34114
TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOODWARD, MARK J.
STREET ADDRESS	3200 Tamiami Trail N. (#200)
CITY-ST-ZIP	Naples, FL 34103
TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DINARDO, ANTHONY
STREET ADDRESS	3470 Club Center Boulevard
CITY-ST-ZIP	Naples, FL 34114
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 empowered.

SIGNATURE:

Anthony Dinardo

4/28/03

(239) 732-9400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Anthony Dinardo, as Director

CR2E034 (10/02)