2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 09, 2002 8:00 am
Secretary of State
01-09-2002 90024 033 ***150.00

DOCUMENT # F01000001032

1. Entity Name
BAY MORTGAGE SERVICES, INC.

Principal Place of Business	Mailing Address
2277 STATE ROAD PLYMOUTH MA 02360	PO BOX 1622 SAGAMORE BEACH MA 02562

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2277 STATE ROAD	P.BOX 1622
Suite, Apt. #, etc.	Suite, Apt. #, etc.
PLYMOUTH, MA	SAGAMORE BEACH, MA
Zip: 02360 Country:	Zip: 02562 Country: USA

4. FEI Number 04-3107715 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LUCIDO, JOSEPH A 3590 S. OCEAN BLVD., UNIT 207 S. PALM BEACH FL 33480	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.

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

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD LUCIDO, JOSEPH A 2277 STATE ROAD PLYMOUTH MA	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD LUCIDO, PETER A 2277 STATE ROAD PLYMOUTH MA	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LUCIDO, SHARON 2277 STATE ROAD PLYMOUTH MA	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DOOLEY, KERRIE 2277 STATE ROAD PLYMOUTH MA	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition PLEASE DELETE THIS OFFICER.
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0617617 AT

CR2E034 (9/01)