

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 22, 2003 8:00 am**  
**Secretary of State**

08-22-2003 90105 005 \*\*\*550.00

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**DOCUMENT # P02000126709**



1. Entity Name  
**BAY AREA WATERPROOFING, INC.**

Principal Place of Business  
**9403 N. 14TH ST.  
TAMPA FL 33612**

Mailing Address  
**9403 N. 14TH ST.  
TAMPA FL 33612**



2. Principal Place of Business  
**6723 Cadillac St.**

3. Mailing Address

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**Houston Texas**

City & State

4. FEI Number  
**56 2306653**

Applied For  
 Not Applicable

Zip  
**77021**

Country  
**USA**

Zip Country

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

**CORBIN, ANDRE**  
**9403 N. 14TH ST.**  
**TAMPA FL 33612**

Name  
**Corbin, Dovie**

Street Address (P.O. Box Number is Not Acceptable)

**9403 N 14th St**

City  
**Tampa** **FL** Zip Code  
**33612**

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 **Dovie Corbin** **Dovie Corbin**

DATE **8/11/03**

**FILE NOW!!! FEE IS \$550.00**

**After September 10, 2003 Fee will be \$750.00**

**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  
NAME **PD CORBIN, ANDRE**  Delete  
STREET ADDRESS **15350 AMBERLY DR., #2121**  
CITY-ST-ZIP **TAMPA FL 33647**

TITLE  
NAME  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  Delete  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  Change  Addition  
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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **8/11/03** DAYTIME PHONE # **813-933-7559**

CR2E034 (4/03)