

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 22, 2000 8:00 am
Secretary of State

08-22-2000 90222 020 ***550.00

DOCUMENT # P92000014531

1. Entity Name
BAY PAINTING & DECORATING, INC.

Principal Place of Business 8400 LOST LAKE DR ORLANDO FL 32817 US	Mailing Address 8400 LOST LAKE DR ORLANDO FL 32817 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21523 Ft. Christmas Rd. Suite, Apt. #, etc.	3. Mailing Address 21523 Ft. Christmas Rd. Suite, Apt. #, etc.
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City & State Christmas, FL	City & State Christmas, FL	4. FEI Number 59-2926773 59-3164230	Applied For <input type="checkbox"/>
Zip 32709-9456	Country US	Zip 32709-9456	Country US
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
BARNETT, STEPHEN
120 UNIVERSITY PARK DR
STE 210
WINTER PARK FL 32792

7. Name and Address of New Registered Agent
 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 _____ (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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	DPVT PATTERSON, MICHAEL D 8400 LOST LAKE DRIVE ORLANDO FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 21523 Ft Christmas Rd Christmas, FL 32709-9456
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PATTERSON, CRYSTAL S 8400 LOST LAKE DRIVE ORLANDO FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 21523 Ft. Christmas Rd Christmas, FL 32709-9456
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LEWIS, KEN D 8400 LOST LAKE DRIVE ORLANDO FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 21523 Ft. Christmas Rd Christmas, FL 32709-9456
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DAVIS, ED 8400 LOST LAKE DRIVE ORLANDO FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 21523 Ft. Christmas Rd Christmas, FL 32709-9456
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

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: *Michael D Patterson* **08-16-2000** **(407)568-5050**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #