

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P98000004924

FILED
May 01, 2002 8:00 AM
Secretary of State

Entity Name: BAYSIDE HEATING & AIR CONDITIONING, INC.

Current Principal Place of Business:

22085 US HWY 19 N
CLEARWATER, FL 33765 US

New Principal Place of Business:

Current Mailing Address:

22085 US HWY 19 N
CLEARWATER, FL 33765 US

New Mailing Address:

FEI Number: 59-3491187 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MALONEY, JOHN L
3862 CENTRAL AVENUE
ST. PETERSBURG, FL 33711 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PROVATAS, TOM
Address: 1488 SEASPRAY LANE
City-St-Zip: DUNEDIN, FL 34698

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD () Change (X) Addition
Name: ROBINSON, GARY W
Address: 3120 PARK STREET, NORTH
City-St-Zip: ST. PETERSBURG, FL 33710

Title: ST () Change (X) Addition
Name: PROVATAS, TERESA A
Address: 1488 SEASPRAY LANE
City-St-Zip: DUNEDIN, FL 34698

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TOM PROVATAS

PD

05/01/2002

Electronic Signature of Signing Officer or Director

_____ Date