

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 339543

1. Entity Name

BAY PLASTERING CO INC

FILED
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90060 027 ***150.00

Principal Place of Business

Mailing Address

1712 LEMON ST
TAMPA FL 33606

1712 LEMON ST
TAMPA FLA 33606-1031

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1260896

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BYRD, JULIAN H
2511 SUNSET DR
TAMPA FL 33609

Name

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

2501 W. TYSON AVE.

City
TAMPA

FL

Zip Code
33611

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, 2000 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 ☐ Delete
NAME PD
STREET ADDRESS BYRD, JULIAN H
CITY-ST-ZIP 2501 W TYSON AVE
TAMPA FL 33611

TITLE ☒ Change ☐ Addition
NAME CD
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS BYRD, ANNLYNN
CITY-ST-ZIP 2501 W TYSON AVE
TAMPA FL 33611

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME V
STREET ADDRESS STANTON, JOHN E.
CITY-ST-ZIP 1413 E. 108TH STREET
TAMPA FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME V
STREET ADDRESS PELHAM, JAMES W. III
CITY-ST-ZIP 109 SOUTH BLVD.
TAMPA FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME S
STREET ADDRESS KOCHES, DEBORAH L.
CITY-ST-ZIP 1712 LEMON STREET
TAMPA FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 3819 HORATIO ST., #3
CITY-ST-ZIP TAMPA, FL 33609

TITLE ☐ Delete
NAME DV
STREET ADDRESS BYRD, ROBERT H
CITY-ST-ZIP 3114 S JULIA CR
TAMPA FL

TITLE ☒ Change ☐ Addition
NAME PTD
STREET ADDRESS
CITY-ST-ZIP

3. 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:

Julian H. Byrd
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/00

(813) 251-8471

Date

Daytime Phone #

CR2E034 (9/99)