

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90027 011 ***150.00

DOCUMENT # 339543

1. Entity Name

BAY PLASTERING CO INC



Principal Place of Business

**1712 LEMON ST
TAMPA FL 33606**

Mailing Address

**1712 LEMON ST
TAMPA FL 33606**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-1260896

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BYRD, JULIAN H
2501 W TYSON AVE
TAMPA FL 33611**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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

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

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

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

TITLE **S** ☐ Delete
NAME **HOLLOWAY, DEBORAH**
STREET ADDRESS **4018 W BARCELONA ST**
CITY-ST-ZIP **TAMPA FL 33629**

TITLE **PTD** ☐ Delete
NAME **BYRD, ROBERT H**
STREET ADDRESS **1114 S JULIA CR**
CITY-ST-ZIP **TAMPA FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **4114 W. San Juan Street**
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **3008 W. Hawthorne Road**
CITY-ST-ZIP **Tampa, FL 33611**

TITLE ☐ Change ☐ Addition
NAME
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: *Deborah Holloway* **Deborah Holloway, Secretary**

4/10/03

813/251-8471

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)