

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 11, 2002 8:00 am**  
**Secretary of State**

02-11-2002 90092 031 \*\*\*158.75

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**DOCUMENT # 548714**

1. Entity Name  
**GREATER BAY CONSTRUCTION COMPANY, INC.**

Principal Place of Business 5215 W. LAUREL ST. #106 TAMPA FL 33607 US	Mailing Address 5215 W. LAUREL ST. #106 TAMPA FL 33607 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 4210 W. Spruce St., Suite 203 Suite, Apt. #, etc.	3. Mailing Address 4210 W. Spruce St., Suite 203 Suite, Apt. #, etc.
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City & State <b>Tampa, FL</b>	City & State <b>Tampa, FL</b>	4. FEI Number <b>59-1863356</b>	Applied For Not Applicable
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Zip <b>33607-1728</b>	Country <b>USA</b>	Zip <b>33607-1728</b>	Country <b>USA</b>	5. Certificate of Status Desired <b>XX</b>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>LEROY, R. ALLEN</b> <b>406 RED STREET SUITE 141</b> <b>TAMPA FL 33609</b>		7. Name and Address of New Registered Agent Name <b>Leroy R. Allen</b> Street Address (P.O. Box Number is Not Acceptable) <b>4210 W. Spruce St., Suite 202</b> City <b>Tampa, FL</b> Zip Code <b>33607</b>	
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>WALSH, PATRICK J</b> <b>1455 OCEANVIEW DR.</b> <b>TIERRA VERDE FL 33715</b> <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	<b>PST</b> <b>STEELE, TIMOTHY</b> <b>295 BAYVIEW DR. N.E.</b> <b>SAINT PETERSBURG FL 33704</b> <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	<b>VP</b> <b>GOELZ, KENNETH</b> <b>9344 DANTEL DR.</b> <b>NEW PORT RICHEY FL 34654</b> <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
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: Jon T. Steele, Pres. 1/23/02 (813) 282-0709  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)