

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-14-2003 90853 001 \*\*\*300.00

**DOCUMENT # 668408**

1. Entity Name  
**BAY MASONRY OF TAMPA, INC.**



Principal Place of Business  
**1712 LEMON ST.  
TAMPA FL 33606**

Mailing Address  
**1712 LEMON ST.  
TAMPA FL 33606**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1994155**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WEINSTEIN, IRA  
3902 HENDERSON BLVD.  
STE. 200  
TAMPA FL 33629**

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 \_\_\_\_\_ (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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE **PTD** ☐ Delete  
NAME **BYRD, ROBERT H**  
STREET ADDRESS **3114 S JULIA CIR**  
CITY-ST-ZIP **TAMPA FL**

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

TITLE **V** ☐ Delete  
NAME **KELLEY, JACK RANDALL**  
STREET ADDRESS **3639 WOODHILL DRIVE**  
CITY-ST-ZIP **BRANDON FL 33511**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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**

4/10/03 813/251-1771

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)