

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90077 001 ***300.00

DOCUMENT # 681432

1. Entity Name

BAY CITY BARGAIN PLYWOOD OF ST. PETERSBURG, INC.

Principal Place of Business

12575 US HWY 19
ST. PETERSBURG FL 33541

Mailing Address

4335 E. HILLSBOROUGH AVENUE
TAMPA FL 33610

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 **59-2021207**

Applied For

Not Applicable

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

DUNBAR, KURT M
4335 E HILLSBOROUGH AVE
TAMPA FL 33610

Name

DUNBAR, CARL L

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

4335 E. HILLSBOROUGH AVE

TAMPA FL

City

FL

Zip Code

33610

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

Carl Dunbar **Carl Dunbar Pres**

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

(NOTE: Registered Agent signature required when reinstating)

1/6/2001

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, 2001 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 **PD** ☐ Delete
NAME **DUNBAR, CARL L.**
STREET ADDRESS **4335 E. HILLSBOROUGH AVE**
CITY-ST-ZIP **TAMPA FL 33610**

TITLE **VP** ☐ Change ☒ Addition
NAME **GAIL PRZYBYLSKI**
STREET ADDRESS **4335 E. HILLSBOROUGH**
CITY-ST-ZIP **TAMPA FL 33610**

TITLE **STD** ☒ Delete
NAME **DUNBAR, KURT M**
STREET ADDRESS **4335 E HILLSBOROUGH AVE**
CITY-ST-ZIP **TAMPA FL 33610**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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

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:

Carl Dunbar **Carl Dunbar**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/2001

DATE

813-621-7380

DAYTIME PHONE #

CR2E034 (10/00)

0519533