2001 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 30, 2001 8:00 am Secretary of State **DOCUMENT # 712389** 1. Entity Name BAY AREA LEGAL SERVICES, INC. 01-30-2001 90072 049 ****61.25 Principal Place of Business Mailing Address RIVERBROOK PROFESSIONAL CTR 2ND FL RIVERBROOK PROFESSIONAL CTR 2ND FL 829 W. MARTIN LUTHER KING JR. BLVD. 829 W. MARTIN LUTHER KING JR. BLVD. 707202 TAMPA FL 33603-3331 TAMPA FL 33603-3331 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1171886 Not Applicable Zip Country **\$8.75** Additional ____ Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) WOLTMANN, RICHARD C. 829 W. MARTIN LUTHER KING JR. BLVD. 2ND FLOOR Zip Code TAMPA FL 33603-3331 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** DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing **FILE NOW:** Make Check Payable to \$5.00 May Be Trust Fund Contribution. **Department of State FEE IS \$61.25** Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. K Change ☐ Addition TITLE Delete TITLE President CAREY, J. KEVIN NAME WALLER, EDWARD M NAME STREET ADDRESS P.O. Box 3239 STREET ADDRESS PO BOX 1438 CITY-ST-ZIP CITY-ST-ZIP Tampa, Fl. 33601-3239 TAMPA FL 33601-1438 TITLE President-Elect X Change Addition PE Delete TITLE ARMSTRONG, ROSEMARY 3415 W. Mullen Avenue NAME CAREY, KEVIN J NAME STREET ADDRESS STREET ADDRESS PO BOX 3239 CITY-ST-ZIP CITY-ST-ZIP Tampa, Fl. 33609 TAMPA FL 33601-3239 TITLE Change ☐ Addition ☐ Delete Treasurer TITLE NAME NAME MCLEROY, KATHLEEN S WALLER, EDWARD M. STREET ADDRESS STREET ADDRESS P.O. Box 1438 PO BOX 3239 CITY-ST-ZIP CITY-ST-ZIP Tampa, Fl. 33601-1438 TAMPA FL 33601-3239 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME BAKER, BETTY STREET ADDRESS STREET ADDRESS 4421 LANE RD., LOT 242 CITY-ST-ZIP CITY-ST-ZIP ZEPHYRILLS FL ☐ Addition ☐ Change ☐ Delete TITLE TITLE WOLTMANN, RICHARD C NAME NAME STREET ADDRESS STREET ADDRESS 4129 N MEADOW CIRCLE CITY-ST-ZIP CITY-ST-ZIP TAMPA FL ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

QUIMe10Miller (813) 622-6657 01-16-01

changed, or on an attachment with an address, with all other like empowered.

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if