

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2002 8:00 am
Secretary of State

02-17-2002 90102 005 ***150.00

0420569 AV

DOCUMENT # F73502

1. Entity Name
BAY AREA GLASS & DOOR SERVICE, INC.

Principal Place of Business Mailing Address
3405 N NEBRASKA AVE 3405 N NEBRASKA AVE
TAMPA FL 33603 TAMPA FL 33603

2. Principal Place of Business 3. Mailing Address
920 E. 124th Ave UNIT D 920 E. 124th Ave
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Unit D Unit D

City & State City & State
Tampa, FL Tampa, FL

Zip Country Zip Country
33612 USA 33612 USA

4. FEI Number **59-2208048** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
JERRELS, JASPER
4299 ST. IVES BLVD
BROOKVILLE FL 34609

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.
 SIGNATURE *Sarah Jerrels, V. Pres.* *Sarah Jerrels* **1/16/02**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVS JERRELS, JASPER 4299 ST. IVES BLVD BROOKVILLE FL 34609	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JERRELS, SARAH 4299 ST IVES BLVD SPRINGHILL FL 34609	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Sarah Jerrels* **SIGNATURE REQUIRED** **1/16/02** **813 228 0118**
 Signature and typed or printed name of signing officer or director Date Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)