

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F77671

1. Entity Name

BAY INDUSTRIES, INC.

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90008 002 ***150.00

Principal Place of Business

Mailing Address

1948 IOWA AVE. NE
 ST. PETERSBURG FL 33703

1948 IOWA AVE. NE
 ST. PETERSBURG FL 33715-1944

2. Principal Place of Business

3. Mailing Address

722 Pinellas Bayways

722 Pinellas Bayways

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#107

#107

City & State

City & State

Tierra Verde Fl.

Tierra Verde Fl.

Zip

Country

Zip

Country

33715

Pinellas

33715

Pinellas



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2195969

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

COHEN, DAVID R
 1948 IOWA AVE. N.E.
 ST. PETERSBURG FL 33703

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

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.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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

TITLE	PT	<input type="checkbox"/> Delete
NAME	COHEN, DAVID R	
STREET ADDRESS	1948 IOWA AVE, NE	
CITY-ST-ZIP	ST. PETERSBURG FL 33703	
TITLE	VP S	<input type="checkbox"/> Delete
NAME	COHEN, MAUREEN	
STREET ADDRESS	1948 IOWA AVE, NE	
CITY-ST-ZIP	ST. PETERSBURG FL 33703	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cohen David R.	
STREET ADDRESS	722 Pinellas Bayways #107	
CITY-ST-ZIP	Tierra Verde Fl. 33715	
TITLE	VP S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cohen, Maureen	
STREET ADDRESS	722 Pinellas Bayways #107	
CITY-ST-ZIP	Tierra Verde, Fl. 33715	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/24/00 727-864-1847

CR2E034 (9/99)