

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90103 006 ***150.00

DOCUMENT # F93000005291



1. Entity Name
BAY WEST INSURANCE AGENCY, INC.

Principal Place of Business
**7901 4TH STREET NORTH
STE 220
ST. PETERSBURG FL 33702
US**

Mailing Address
**7901 4TH STREET NORTH
STE 220
ST. PETERSBURG FL 33702
US**



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 **35-1903725**

Applied For

Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BALKAN, THOMAS J
7901 4TH ST N
SUITE 200
ST PETERSBURG FL 33702**

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

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

(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 ☐ Delete
NAME **CD**
STREET ADDRESS **WALL, KARL J**
CITY-ST-ZIP **700 1ST AVE SOUTH
TIERRA VERDE FL 33715**

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

TITLE ☐ Delete
NAME **PTD**
STREET ADDRESS **MCNALLY, JOSEPH W**
CITY-ST-ZIP **830 PINELLAS BAY WAY S
TIERRA VERDE FL 33715**

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

TITLE ☐ Delete
NAME **VD**
STREET ADDRESS **READ, WAYNE**
CITY-ST-ZIP **3731 BRANBLEWOOD COURT
LAND O LAKES FL 34639**

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

TITLE ☐ Delete
NAME **VD**
STREET ADDRESS **REINKING, LINDA L**
CITY-ST-ZIP **2218 BIRCHBARK TRAIL
CLEARWATER FL 34623**

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

TITLE ☐ Delete
NAME **VS**
STREET ADDRESS **BALKAN, THOMAS J**
CITY-ST-ZIP **7233 DANBURY WAY
CLEARWATER FL 33764**

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:

Thomas J Balkan
Thomas J Balkan

4/18/03 727-577-3771

CR2E034 (10/02)