

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2002 8:00 am
Secretary of State

03-18-2002 90062 046 ***158.75

0629887 AB

DOCUMENT # F99000003076

1. Entity Name

BAY AREA PROPERTIES GROUP, INC.

Principal Place of Business

**227 N. MAIN
 KINGMAN KS 67068**

Mailing Address

**P.O. BOX 204
 KINGMAN KS 67068**

2. Principal Place of Business

**1513 West Busch Blvd
 Suite, Apt. #, etc.**

3. Mailing Address

**1513 W Busch Blvd
 Suite, Apt. #, etc.**

City & State

Tampa FL

City & State

Tampa FL

Zip

33612

Country

Hillsborough

Zip

33612

Country

Hillsborough

4. FEI Number

48-1213732

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**MIZE, ROBERT
 1515 WEST BUSCH BLVD
 TAMPA FL 33612**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/23/02

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, 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	PC	<input type="checkbox"/> Delete
NAME	MIZE, ROBERT	
STREET ADDRESS	4819 BUSCH BOULEVARD, SUITE 101	
CITY-ST-ZIP	TAMPA FL 33617	
TITLE	VVC	<input type="checkbox"/> Delete
NAME	MIZE, BRYAN	
STREET ADDRESS	4819 BUSCH BOULEVARD, SUITE 101	
CITY-ST-ZIP	TAMPA FL 33617	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MIZE, LORI	
STREET ADDRESS	4819 BUSCH BOULEVARD, SUITE 101	
CITY-ST-ZIP	TAMPA FL 33617	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MIZE, KAREN	
STREET ADDRESS	4819 BUSCH BOULEVARD, SUITE 101	
CITY-ST-ZIP	TAMPA FL 33617	
TITLE	D	<input type="checkbox"/> Delete
NAME	KEVIN, MIKE	
STREET ADDRESS	1513 W. BUSCH BLVD	
CITY-ST-ZIP	TAMPA FL 33612	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/02

813-983-9393

Date

Daytime Phone #

CR2E034 (9/01)