

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G14666

1. Entity Name

BAY VILLAGE BUILDERS, INC.

FILED
Feb 22, 2000 8:00 am
Secretary of State

02-22-2000 90040 018 ***150.00

Principal Place of Business

18505 PUTTERS PL.
TAMPA FL 33647

Mailing Address

18505 PUTTERS PL.
TAMPA FL 33647-2410

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2294732**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

~~KELLY, ROBERT A JR.~~
18505 PUTTERS PLACE
TAMPA FL 33647

Name

JOHN M. KELLY

Street Address (P.O. Box Number is Not Acceptable)

18505 PUTTERS PLACE

City

TAMPA

FL

Zip Code

33647

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

John M. Kelly

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

(NOTE: Registered Agent signature required when reinstating)

2-15-2000

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 IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	DSV	KELLY, ROBERT A., SR.	18505 PUTTERS PLACE TAMPA FL 33647							
	DP	KELLY, JOHN M.	18505 PUTTERS PLACE TAMPA FL 33647							
	DT	KELLY, BETTY M	18505 PUTTERS PLACE TAMPA FL 33647							

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

2-15-2000

Date

(813) 991-7366

Daytime Phone #

CR2E034 (9/99)