

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J00962

1. Entity Name

BAY TECH OPTICAL PRODUCTS, INC.

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90048 010 ***150.00

Principal Place of Business

Mailing Address

715 GROVE STREET
CLEARWATER FL 33755
US

715 GROVE STREET
CLEARWATER FL 33755-4129
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

59-2686666

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

ROMAN, THOMAS A.
2340 MAIN ST. STE K
DUNEDIN FL 34698

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 IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ZOBRIK, DOUG 2135 BRIARWAY DR. CLEARWATER FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BALESTER, FRED J. 2135 BRIARWAY DR. CLEARWATER FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TOMES, NORMAN B. 2135 BRIARWAY DR. CLEARWATER FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SECRETARY TREASURER KAY TOMES 2135 BRIARWAY DR. CLEARWATER FL 33755	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT KAY TOMES 2135 BRIARWAY DR CLEARWATER, FL 33755	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER KAY TOMES 2135 BRIARWAY DR CLEARWATER, FL 33755	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY NORMAN TOMES 2135 BRIARWAY DR CLEARWATER, FL 33755	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Norman B. Tomes NORMAN B TOMES 03/27/00 727-446-4777
03/27/00

CR2E034 (9/99)