

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J56800

1. Entity Name

BAY STATE ROAD INVESTMENT CO., INC.

FILED
Feb 20, 2000 8:00 am
Secretary of State

02-20-2000 90048 008 ***150.00

Principal Place of Business

Mailing Address

~~12611 ORANGE GROVE DRIVE~~
~~TAMPA FL 33610~~

~~12611 ORANGE GROVE DRIVE~~
~~TAMPA FL 33549-4700~~

2. Principal Place of Business

3. Mailing Address

3621 BERGER RD.

3621 BERGER RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

LUTZ, FL

LUTZ, FL

City & State

City & State

LUTZ, FLA

LUTZ, FL

Zip

Country

33549

HILLSBOROUGH

Zip

Country

33549

HILLSBOROUGH

4. FEI Number

59-2769477

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

FLEMINGS, RICHARD D.

~~12611 ORANGE GROVE DRIVE~~
~~TAMPA FL 33610~~

Name

RICHARD D. FLEMINGS

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

3621 BERGER ROAD

City

LUTZ

FL

Zip Code

33649

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

Richard D. Fleming

02-14-00

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 D ☐ Delete
NAME FLEMINGS, RICHARD D.
STREET ADDRESS ~~12611 ORANGE GROVE DRIVE~~
CITY-ST-ZIP ~~TAMPA FL~~

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 3621 BERGER RD
CITY-ST-ZIP LUTZ, FL 33549

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Richard D. Fleming

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD
FLEMINGS

Date

Daytime Phone #

02-14-00

CR2E034 (9/99)