

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2003 8:00 am
Secretary of State

03-26-2003 90155 020 ***150.00

DOCUMENT # K02961

1. Entity Name
BAY BUSINESS CENTER, INC.



Principal Place of Business
1548 BEVERLY DR
CLEARWATER FL 33764
US

Mailing Address
1548 BEVERLY DR
CLEARWATER FL 33764
US



2. Principal Place of Business
11502 ALDEN CT.
Suite, Apt. #, etc.

3. Mailing Address
11502 ALDEN CT
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
HUDSON, FL
Zip
34667
Country
PASCO

City & State
HUDSON, FL
Zip
34667
Country
PASCO

4. FEI Number **59-2856350**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

RITSCH, H. PAUL, JR.
1548 BEVERLY DR
CLEARWATER FL 34624

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
11502 ALDEN CT
City **HUDSON** **FL** **Zip Code** **34667**

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D <input type="checkbox"/> Delete
NAME	RITSCH, H. PAUL, JR.
STREET ADDRESS	1548 BEVERLY DRIVE
CITY-ST-ZIP	CLEARWATER FL
TITLE	D <input type="checkbox"/> Delete
NAME	RITSCH, JANE M.
STREET ADDRESS	1548 BEVERLY DRIVE
CITY-ST-ZIP	CLEARWATER FL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	11502 ALDEN CT
CITY-ST-ZIP	HUDSON, FL 34667
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	11502 ALDEN CT
CITY-ST-ZIP	HUDSON, FL 34667
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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	

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: PAUL RITSCH, JR. **3/2/03** **727/863-2451**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)