

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State
 05-27-2002 90473 021 ***150.00

0414235
 AV

DOCUMENT # K09021

1. Entity Name

BAY PLATING & PAINTING, INC.

Principal Place of Business

**7916 EVIES WAY
 P.O. BOX 934
 PORT RICHEY FL 34669
 US**

Mailing Address

**13447 BYRD DRIVE
 P.O. BOX 934
 ODESSA FL 33556
 US**

2. Principal Place of Business

13447 Byrd Drive

3. Mailing Address

Suite, Apt. #, etc.

City & State

Odessa FL

City & State

Zip

33556

Country

USA

Country

4. FEI Number

59-2870365

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**RADICS JR, MICHAEL J.
 13447 BYRD DR
 ODESSA FL 33556**

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

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 **VPD** ☐ Delete
 NAME **HOULLIS, MICHAEL N.**
 STREET ADDRESS **1967 GUNN HWY.**
 CITY-ST-ZIP **ODESSA FL**

TITLE **STD** ☐ Delete
 NAME **RADICS, MICHAEL J., JR.**
 STREET ADDRESS **1967 GUNN HWY.**
 CITY-ST-ZIP **ODESSA FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **13447 Byrd Drive**
 CITY-ST-ZIP **Odessa FL 33556**

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 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:

MICHAEL J. RADICS

04/29/02

(813) 920-2241

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)