

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K22601

1. Entity Name

BAYSHORE PAINTING CONTRACTORS, INC.

Principal Place of Business

Mailing Address

4787 MARLIN RD
VENICE FL 34293
US

4787 MARLIN RD
VENICE FL 34293-7834
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

65-0049004

Applied For

Not Applied For

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

BROZ, FRANK
4787 MARLIN RD
VENICE FL 34293

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

TITLE NAME ☐ Delete

DP
BROZ, FRANK
4787 MARLIN RD
VENICE FL 34293

TITLE NAME ☐ Delete

DVP
BROZ, KATHY
4787 MARLIN RD
VENICE FL 34293

TITLE NAME ☐ Delete

DS
BROZ, JOSEPH
4787 MARLIN RD
VENICE FL 34293

TITLE NAME ☐ Delete

DT
BROZ, FRANK III
162 N NEW YORK AVE
ENGLEWOOD FL 34223

TITLE NAME ☐ Delete

STREET ADDRESS
CITY - ST - ZIP

TITLE NAME ☐ Delete

STREET ADDRESS
CITY - ST - ZIP

TITLE NAME ☐ Delete

STREET ADDRESS
CITY - ST - ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition

300003114513--6
-01/28/00--01055--012
****150.00 ****150.00

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition

451 BEVERLY RD.
VENICE FL 34293

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ 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:

Frank Broz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRANK BROZ

1/5/2000

Date

941-497-2494

Daytime Phone #

FILED

00 JAN 19 PM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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