

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 05, 2001 08:00 AM  
Secretary of State

DOCUMENT # **K22601**

1. Entity Name  
BAYSHORE PAINTING CONTRACTORS, INC.

Principal Place of Business  
4787 MARLIN RD  
VENICE FL 34293 US

Mailing Address  
4787 MARLIN RD  
VENICE FL 34293 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 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

BROZ, FRANK  
4787 MARLIN RD

VENICE FL 34293 US

## 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 \_\_\_\_\_ DATE **01/05/2001**

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, 2001 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          | DT              | <input type="checkbox"/> Delete |
|----------------|-----------------|---------------------------------|
| NAME           | BROZ FRANK III  |                                 |
| STREET ADDRESS | 451 BEVERLY RD. |                                 |
| CITY-ST-ZIP    | VENICE FL 34293 |                                 |
| TITLE          | DS              | <input type="checkbox"/> Delete |
| NAME           | BROZ JOSEPH     |                                 |
| STREET ADDRESS | 4787 MARLIN RD  |                                 |
| CITY-ST-ZIP    | VENICE FL 34293 |                                 |
| TITLE          | DVP             | <input type="checkbox"/> Delete |
| NAME           | BROZ, KATHY     |                                 |
| STREET ADDRESS | 4787 MARLIN RD  |                                 |
| CITY-ST-ZIP    | VENICE FL 34293 |                                 |
| TITLE          | DP              | <input type="checkbox"/> Delete |
| NAME           | BROZ, FRANK     |                                 |
| STREET ADDRESS | 4787 MARLIN RD  |                                 |
| CITY-ST-ZIP    | VENICE FL 34293 |                                 |
| TITLE          |                 | <input type="checkbox"/> Delete |
| NAME           |                 |                                 |
| STREET ADDRESS |                 |                                 |
| CITY-ST-ZIP    |                 |                                 |
| TITLE          |                 | <input type="checkbox"/> Delete |
| NAME           |                 |                                 |
| STREET ADDRESS |                 |                                 |
| CITY-ST-ZIP    |                 |                                 |

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| 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    |                                 |                                   |
| 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    |                                 |                                   |
| TITLE          | <input type="checkbox"/> Change | <input type="checkbox"/> 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: Mr Frank A Broz

DP

01/05/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)