

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2002 8:00 am
Secretary of State

01-16-2002 90072 005 ***150.00

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

664 Dolphin Rd
 Suite, Apt. #, etc.

3. Mailing Address

664 Dolphin Rd
 Suite, Apt. #, etc.

City & State

Venice FL

City & State

Venice FL

4. FEI Number

65-0049004

Applied For

Not Applicable

Zip

34293

Country

SARASOTA

Zip

34293

Country

SARASOTA

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**BROZ, FRANK
 4787 MARLIN RD
 VENICE FL 34293**

7. Name and Address of New Registered Agent

Name

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

664 Dolphin Rd

City

Venice

FL

Zip Code

34293

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

1-8-2002

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	DP	<input type="checkbox"/> Delete
NAME	BROZ, FRANK	
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	DS	<input type="checkbox"/> Delete
NAME	BROZ, JOSEPH	
STREET ADDRESS	4787 MARLIN RD	
CITY-ST-ZIP	VENICE FL 34293	
TITLE	DT	<input type="checkbox"/> Delete
NAME	BROZ, FRANK III	
STREET ADDRESS	451 BEVERLY 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	664 Dolphin Rd.	
CITY-ST-ZIP	Venice FL 34293	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	664 DOLPHIN Rd.	
CITY-ST-ZIP	VENICE FL 34293	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	410 PALMETTO CT #4	
CITY-ST-ZIP	VENICE FL 34285	
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:

FRANK BROZ
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-8-2002

CR2E034 (9/01)