

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

AMENDED

FILED

DOCUMENT # K22601

1. Entity Name Bayshore Painting Contractors, Inc.

02 MAY 21 AM 8:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
664 Dolphin Road

3. Mailing Address  
664 Dolphin Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Venice Florida

City & State  
Venice Florida

4. FEI Number  
65-0049004

Applied For  
Not Applicable

Zip  
34293

Country  
USA

Zip  
34293

Country  
USA

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

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name Frank Broz

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

664 Dolphin Road

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

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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 President  
NAME Frank Broz  
STREET ADDRESS 664 Dolphin Road  
CITY- ST- ZIP Venice FL 34293

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
100005651621--3  
-05/30/02--01037--016  
\*\*\*\*\*61.25 \*\*\*\*\*61.25

TITLE D/Vice-president  
NAME Kathy Broz  
STREET ADDRESS 664 Dolphin Road  
CITY- ST- ZIP Venice FL 34293

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-6-02 941-497-2494