

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K75849

1. Entity Name

BAY ROAD ENTERPRISES INC.

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90036 006 ***158.75

Principal Place of Business

Mailing Address

~~1109 KINGSLEY AVE~~
~~ORANGE PARK FL 32073~~
~~08~~

C/O DAVID A KING, ATTORNEY
1416 KINGSLEY AVE.
ORANGE PARK FL 32073-4509



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

617 Blanding Boulevard

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orange Park, FL

City & State

4. FEI Number

59-2939487

Applied For

Not Applicable

Zip

32073

Country

U.S.

Zip

Country

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

KING, DAVID A.
ATTORNEY AT LAW
1416 KINGSLEY AVE
ORANGE PARK FL 32073

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPT	<input type="checkbox"/> Delete
NAME	TONKIN, MARY JANE	
STREET ADDRESS	2960 BAY ROAD	
CITY-ST-ZIP	ORANGE PARK FL	
TITLE	VS	<input type="checkbox"/> Delete
NAME	TONKIN, HENRY M.	
STREET ADDRESS	2960 BAY ROAD	
CITY-ST-ZIP	ORANGE PARK FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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
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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: *X Henry Tonkin*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/00
Date

904-213-4430
Daytime Phone #

CR2E034 (9/99)