FILED

Apr 03, 2003 8:00 am Secretary of State

04-03-2003 90172 014 ***150.00

2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR L15340 DOCUMENT

1. Entity Name

BAY ENVIRONMENTAL MANAGEMENT COMPANY

D/(I LIV		JULIAN COMMITTEE				
Principal Place of Business 513 WYNNWOOD DRIVE BRANDON FL 33511 US		Mailing Address 513 WYNNWOOD DRIV BRANDON FL 33511 US	513 WYNNWOOD DRIVE BRANDON FL 33511			
2. Principal Place of Business		3. Mailing Address	3. Mailing Address		.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES	
City & State		City & State	City & State		4. FEI Number 59-2970385 Applied For Not Applicable	
Zip Country		Zip	Zip Coun		5. Certificate of Status Desired	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
				Name		
TAYLOR, J. C 513 WYNNWOOD DRIVE BRANDON FL 33511				Street Address (F	P.O. Box Number is Not Acceptable)	
	• • • • • • • • • • • • • • • • • • •		City		FL Zip Code	
SIGNATURE	Signature, typed or printed name of registered registered in the state of the state	-	OTE: Registered	d Agent signature required	9. Election Campaign Financing \$5.00 May Be	
	k Payable to Florida Departme				Trust Fund Contribution. Added to Fees	
10. "	OFFICERS A	AND DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD FOLEY, JOHN E JR 12791 102ND CIRCLE LARGO FL	☐ Delete		1	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD TAYLOR, J. CURTIS 513 WYNNWOOD DR BRANDON FL	☐ Delete			☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete			Change Addition	
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREE	í	☐ Change ☐ Addition	

12. I hereby certify that the information supplied with this filling 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 10 or Block 11 if changed, or on an attachate with an address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

TITLE NAME

☐ Delete

☐ Delete

☐ Change

Change

Addition

☐ Addition