

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L71478

1. Entity Name

BAYSHORE PLUMBING, INC. OF TAMPA

FILED
Feb 09, 2000 8:00 am
Secretary of State

02-09-2000 90002 027 ***150.00

Principal Place of Business

Mailing Address

5445 MARINER DR
#113
TAMPA FL 33609
US

P.O. BOX 13428
TAMPA FL 33681-3428
US

2. Principal Place of Business

3649 S. Manhattan

3. Mailing Address

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

4. FEI Number

59-3010741

Applied For

Not Applicable

Zip

33629

Country

US

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

MASSICOTTE, RONALD PAUL
3218 WEST VILLA ROSA STREET
TAMPA FL 33611-2945

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

(Provide 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 ☐ Delete
NAME D
STREET ADDRESS MASSICOTTE, RONALD P.
CITY-ST-ZIP 3218 W VILLA ROSA STREET
TAMPA FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS MASSICOTTE, FRANCISKA L.
CITY-ST-ZIP 3218 W VILLA ROSA STREET
TAMPA FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME S
STREET ADDRESS MCCLURE, FLOYD
CITY-ST-ZIP 6800 10 ST N.
ST. PETERSBURG FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Ronald Massicotte
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/06/00
Date

835-5693
Daytime Phone #

CR2E034 (9/99)