

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90032 003 ***158.75

DOCUMENT # L86493

1. Entity Name

BAY AREA TRAVEL, INC.

Principal Place of Business

**2909 BAY TO BAY BLVD
 SUITE 109
 TAMPA FL 33629
 US**

Mailing Address

**2909 BAY TO BAY BLVD
 SUITE 109
 TAMPA FL 33629
 US**

2. Principal Place of Business

1511 N. Westshore Blvd

3. Mailing Address

1511 N. Westshore Blvd

Suite, Apt. #, etc.

Suite #250

Suite, Apt. #, etc.

Suite #250

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33607

Country

Zip

33607

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3018977

Applied For

☐ Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEE, BRIAN

**2909 BAY TO BAY BLVD. SUITE 109
 TAMPA FL 33629**

7. Name and Address of New Registered Agent

Name **Brian M. Lee**

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

1511 N. Westshore Blvd

Suite #250

City **Tampa**

FL

Zip Code **33607**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Delete
 NAME **LEE, BRIAN M**
 STREET ADDRESS **2909 BAY TO BAY BLVD 109**
 CITY-ST-ZIP **TAMPA FL 33629**

TITLE **DP** ☒ Change ☐ Addition
 NAME **Lee, Brian M.**
 STREET ADDRESS **1511 N. Westshore Blvd Suite #250**
 CITY-ST-ZIP **Tampa, FL 33607**

TITLE **DV** ☐ Delete
 NAME **CARAPELLA, GEORGE**
 STREET ADDRESS **2909 BAY TO BAY BLVD., 109**
 CITY-ST-ZIP **TAMPA FL 33629**

TITLE **D** ☒ Change ☐ Addition
 NAME **Carapella, George**
 STREET ADDRESS **1511 N. Westshore Blvd Suite #250**
 CITY-ST-ZIP **Tampa, FL 33607**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DV** ☐ Change ☒ Addition
 NAME **Kevin E. Rine Sr**
 STREET ADDRESS **1511 N. Westshore Blvd Suite #250**
 CITY-ST-ZIP **Tampa, FL 33607**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/12/02

Daytime Phone #

CR2034 (9/01)