

2000 UNIFORM BUSINESS REPORT (UBR)

0518241

DOCUMENT # L99430

1. Entity Name

BAY INSURANCE MARKETING, INC.

FILED

00 MAR -8 PM 5:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

28463 US 19 N
2ND FLOOR
PALM HARBOR FL 34683
US

Mailing Address

2300 CURLEW RD
2ND FLOOR
PALM HARBOR FL 34683-6828
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3281205

Applied For

Not Applicable

Zip

Country

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

KLIMCZAK, PAUL J.
2300 CURLEW RD
2ND FLOOR
PALM HARBOR FL 34683

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 DPTS
NAME KLIMCZAK, PAUL J
STREET ADDRESS 2300 CURLEW RD., 2ND FLOOR
CITY-ST-ZIP PALM HARBOR FL 34683 ☐ Delete

TITLE P D T S
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE P
NAME CHESSON, PHILLIP G
STREET ADDRESS 1471 NOELL BLVD.
CITY-ST-ZIP PALM HARBOR FL 34683 ☒ Delete

TITLE
NAME 300003169943-9
STREET ADDRESS -03/14/00-01122-006
CITY-ST-ZIP ***600.00 ***150.00 ☐ Change ☐ Addition

TITLE VP
NAME VALENZA, SUE ANN
STREET ADDRESS 2722 BLOSSOM LAKE DRIVE
CITY-ST-ZIP HOLIDAY FL 34691 ☒ Delete

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

TITLE VP
NAME DONOFRUIS, FRANK
STREET ADDRESS 6711 BRADLEY COURT
CITY-ST-ZIP DOWNERS GROVE IL 60516 ☐ Delete

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

TITLE VP
NAME LAUINGER, KAREN
STREET ADDRESS 4400 COUNTY BREEZE DRIVE
CITY-ST-ZIP NEW PORT RICHEY FL 34653 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/00

Date

(727) 772-7800

Daytime Phone #

CR2E034 (9/99)