

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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

05-10-2002 90035 049 ***150.00

DOCUMENT # M82901

1. Entity Name

BAY AREA PARKING & SECURITY, INC. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5364 EHRICH ROAD #291
Suite, Apt. #, etc.

3. Mailing Address

5364 EHRICH ROAD #291
Suite, Apt. #, etc.

City & State

TAMPA, FLORIDA

City & State

TAMPA, FLORIDA

Zip

33624

Country

Zip

33624

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3890457

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

GEORGE CAKOURAS

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

11801 CARROLLWOOD VILLAGE COVE

City

TAMPA

FL

Zip Code

33624

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 state 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)

☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$350.00

Amended UBR is \$81.25

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
GEORGE CAKOURAS, PRES/Treas.
11801 CARROLLWOOD VILLAGE COVE
TAMPA, FL 33624

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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NAME

STREET ADDRESS

CITY- ST- ZIP

**DO NOT WRITE
IN THIS SPACE**

CR2E0348 (12/01)

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 on an attachment with an address with all other like empowered.

SIGNATURE:

George Cakouras, Pres/Treas.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/25/02 813 2670940

Date

Daytime Phone