1/20/00-90238-006-$70.00-$70.00

DOCUMENT # N40892

1. Entity Name

BAY AREA COMMUTER SERVICES, INC.

FILED
00 APR 11 AM 10:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
5100 W KENNEDY BLVD SUITE 265 TAMPA FL 33609	5100 W KENNEDY BLVD SUITE 265 TAMPA FL 33609-1892

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
BAY AREA COMMUTER SVCS., Inc	1408 N. Westshore Blvd.
Suite, Apt. #, etc.: 704	Suite, Apt. #, etc.: 704
City & State: Tampa Fla	City & State: Tampa Fla
Zip: 33607 Country: Hillsborough	Zip: 33607 Country: Hillsborough

4. FEI Number: 59-3050472 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NOYLE, SARAH S.
5100 W. KENNEDY BLVD., SUITE 265
TAMPA FL 33609

7. Name and Address of New Registered Agent

Name: SARAH S. NOYLE
Street Address (P.O. Box Number is Not Acceptable): 1408 N. WESTSHORE BLVD
SUITE # 704
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

✓FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CO TRIA, LEONARD F. J 5100 W. KENNEDY BLVD., STE 300 TAMPA FL 33609	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CO Chairman 1408 N. Westshore Blvd. #704 Tampa, FL 33607	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VCD MINARDI, LOUIS A. J 502 NO. OREGON AVE TAMPA FL 33606	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MD ~~Delete~~ D NOYLE, SARAH S. Nicholas A. Cambas 6826 EDEN LANE 1408 N. WestShore Blvd TAMPA FL 33634 #704 TPA FL 33607	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D-DIRECTOR 1408 N. Westshore Blvd. #704 Tampa, FL 33607	~~☐ Change~~ ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~S-SECRETARY~~ D-DIRECTOR ZAGORAC, JR., MICHAEL 201 E. KENNEDY BLVD, #1611 TAMPA, FL 33602	☑ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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	LS	☐ Change ☐ Addition

CR2E007 (9/99)

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Sarah S. Noyle 1/12/00 813-282-8200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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