

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2003 8:00 am
Secretary of State

03-05-2003 90037 014 ****61.25

DOCUMENT # N99000005426

1. Entity Name

BAY BLIZZARD BALL, INC.



Principal Place of Business

**PO BOX 6216
BRANDON FL 33508**

Mailing Address

**PO BOX 6216
BRANDON FL 33508**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3695929**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LYNNE WALDER, P.A.
777 SOUTH HARBOUR ISLAND BLVD.
SUITE 175
TAMPA FL 33602**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD**
NAME **PETERS, ALEXANDRA**
STREET ADDRESS **PO BOX 6216**
CITY-ST-ZIP **BRANDON FL 33508**
☐ Delete

TITLE **TD**
NAME **ASHLINE, THOMAS**
STREET ADDRESS **8606 STONER WOODS RD**
CITY-ST-ZIP **RIVERVIEW FL 33569**
☒ Delete

TITLE **SD**
NAME **PETERS, ANDREW**
STREET ADDRESS **PO BOX 6216**
CITY-ST-ZIP **BRADON FL 33508**
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **TD**
NAME **ALEXANDRA PETERS**
STREET ADDRESS **P.O. BOX 6216**
CITY-ST-ZIP **BRANDON FL 33508**
☒ Change ☐ Addition

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

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALEXANDRA PETERS

1/13/03

813-244-1488

CR2E037 (10/02)