

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P0000001966

1. Entity Name

BAY STONE INTERLOCKING BRICK & PAVER, INC.

FILED
Mar 13, 2003 8:00 am
Secretary of State

03-13-2003 90103 014 ***150.00

10038287

Principal Place of Business

Mailing Address

3728 VILLA FRANCA AVENUE
 SARASOTA FL 34239

4412 N.W. 6TH AVENUE
 POMPANO BEACH FL 33064

2. Principal Place of Business

2700 COCONUT BAY LN

3. Mailing Address

2700 COCONUT BAY LN

Suite Apt. #, etc.

Suite. Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

SARASOTA, FL

City & State

SARASOTA, FL

4. FEI Number

65-0969174

Applied For

Not Applicable

Zip

34237

Country

USA

Zip

34237

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TAX HOUSE CORPORATION

3929 N FEDERAL HWY

POMPANO BEACH FL 33064

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.

SIGNATURE

03/10/2003

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, 2003 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	PTD	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	PTD	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	<input type="checkbox"/> Delete	SOUZA, ANTONIO C	3728 VILLA FRANCA AVENUE	SARASOTA, FL 34239		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	SOUZA, ANTONIO C	2700 COCONUT BAY LN	SARASOTA, FL 34239		
	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition					
	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition					
	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition					
	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition					
	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition					

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(1), 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 N changed or on an attachment with an address, with all other like empowered.

SIGNATURE: Antonio Souza

03/10/2003

(941) 544-4707

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #