

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000021710

1. Entity Name

BAY MAINTENANCE & LANDSCAPE INC.

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90325 011 ***150.00

A0020840



DO NOT WRITE IN THIS SPACE

Principal Place of Business 15703 BOVINE PL TAMPA FL 33624	Mailing Address 15703 BOVINE PL TAMPA FL 33624
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2. Principal Place of Business 15645 INDIAN QUEEN DR Suite, Apt. #, etc.	3. Mailing Address 15645 INDIAN QUEEN DR. Suite, Apt. #, etc.
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City & State ODESSA FL	City & State ODESSA FL	4. FEI Number 59-3011907	Applied For <input type="checkbox"/> Not Applicable
Zip 33656	Country USA	Zip 33556	Country USA

6. Name and Address of Current Registered Agent

WILSON, FREDERICK
15703 BOVINE PL
TAMPA FL 33624

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 Fred Wilson
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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT FRED WILSON 15645 INDIAN QUEEN DR. ODESSA FL 33556 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V. PRES MARY WILSON 15645 INDIAN QUEEN DR ODESSA FL 33556 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 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: Fred Wilson 1/7/01 813 920-6411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)