

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

01-13-2003 90820 023 ***150.00

DOCUMENT # P00000044421

1. Entity Name
BAY DEVELOPERS AND BUILDERS, INCORPORATED



Principal Place of Business
**5802 51ST SOUTH
ST PETERSBURG FL 33715**

Mailing Address
**5802 51ST SOUTH
ST PETERSBURG FL 33715**

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 **59-2966239**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**BEEM, OWEN W
5802 51ST SOUTH
ST PETERSBURG FL 33715**

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 \$150.00
After May 1, 2003 Fee will be \$550.00.
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	BEEM, OWEN W	
STREET ADDRESS	5802 51ST SOUTH	
CITY-ST-ZIP	ST PETERSBURG FL 33715	
TITLE	VST	<input type="checkbox"/> Delete
NAME	BEEM, GERALDINE K	
STREET ADDRESS	5802 51ST SOUTH	
CITY-ST-ZIP	ST PETERSBURG FL 33715	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BEEM, STEVEN S	
STREET ADDRESS	5802 51ST SOUTH	
CITY-ST-ZIP	ST PETERSBURG FL 33715	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BEEM, DAVID M	
STREET ADDRESS	5802 51ST SOUTH	
CITY-ST-ZIP	ST PETERSBURG FL 33715	
TITLE	KATHLEEN	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	LAUREEN	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VP CAROLYN L. BEEM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	79231 CENTRINO	
STREET ADDRESS	LA QUINTA, CALIF. 92253	
CITY-ST-ZIP		
TITLE	VP KATHLEEN JONES	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	4940 SILVERTHORNT, EASTLAKE WOOD.	
STREET ADDRESS	OLDSMAR, FL. 34677	
CITY-ST-ZIP		
TITLE	VP LAUREEN MULLINS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1033 FAWN CT, EASTLAKE WOODLAWN	
STREET ADDRESS	OLDSMAR, FL. 34677	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 607, 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: **OWEN W. BEEM**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

727-867-1074

CR2E034 (10/02)