

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90042 049 ***150.00

03/7935

DOCUMENT # P00000066088

1. Entity Name

BAY AREA NETWORK SOLUTIONS, INC.

Principal Place of Business

**8717 BAY POINTE DRIVE
TAMPA FL 33615**

Mailing Address

**8717 BAY POINTE DRIVE
TAMPA FL 33615****954552**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7815 N. Dale Mabry Hwy

Suite, Apt. #, etc.

Suite 106

3. Mailing Address

7815 N. Dale Mabry Hwy

Suite, Apt. #, etc.

Suite 106

City & State

Tampa Florida

City & State

Tampa Florida

4. FEI Number

59-3661938

Applied For

Not Applicable

Zip

33614

Country

USA

Zip

33614

Country

USA5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MORTELLARO, MICHELANGELO
8717 BAY POINTE DRIVE
TAMPA FL 33615**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-17-01

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	MORTELLARO, MICHELANGELO	8717 BAY POINTE DRIVE	TAMPA FL 33615	<input type="checkbox"/>

D	LEE, BRIAN	8102 N. SHELDON ROAD #1005	TAMPA FL 33615	<input type="checkbox"/>
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				<input type="checkbox"/>
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				<input type="checkbox"/>
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				<input type="checkbox"/>
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>

				<input type="checkbox"/>	<input type="checkbox"/>
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				<input type="checkbox"/>	<input type="checkbox"/>
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				<input type="checkbox"/>	<input type="checkbox"/>
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				<input type="checkbox"/>	<input type="checkbox"/>
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-17-01

Daytime Phone #

813.936.2220

CR2E034 (10/00)