

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 08, 2002 8:00 am  
Secretary of State

02-08-2002 90016 006 \*\*\*158.75

**DOCUMENT # P00000078274**

1. Entity Name  
**BA MANAGEMENT SERVICES, INC.**

Principal Place of Business  
**15841 PINES BLVD. #154  
PEMBROKE PINES FL 33027**

Mailing Address  
**15841 PINES BLVD. #154  
PEMBROKE PINES FL 33027**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1032693**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired: ☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SYLER, WILLIAM B  
154 SW 206TH AVE  
PEMBROKE PINES FL 33029**

Name  
**Syler William B.**

Street Address (P.O. Box Number is Not Acceptable)

**2925 SW 30th Street**

City  
**Cape Coral**

FL

Zip Code  
**33914**

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 *William B. Syler*  
Signature, typed or printed name of registered agent and title if applicable.

**1-26-02**  
DATE

(NOTE: Registered Agent signature required when reinstating)

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, 2002 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	<b>D</b> <b>SYLER, WILLIAM B</b> <b>154 SW 206TH AVE</b> <b>PEMBROKE PINES FL 33029</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SYLER, ANA C</b> <b>154 SW 206TH AVE</b> <b>PEMBROKE PINES FL 33029</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Syler, William B</b> <b>2925 SW 30th St.</b> <b>Cape Coral FL 33914</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Syler, Ana C.</b> <b>2925 SW 30th St.</b> <b>Cape Coral, FL 33914</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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: *William B. Syler*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-26-02** **941-344-3456**  
Date Daytime Phone #

CR2E034 (9/01)