

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91330 035 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000034574

1. Entity Name

Bay Area Interiors, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7006 N. Blossom Ave.

Suite, Apt. #, etc.

3. Mailing Address

7006 N. Blossom Ave.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Tampa, Fl. 33614

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Tampa, Fl. 33614

4. FEI Number
59-3710573

Applied For
Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Carl T. Watkins, CPA

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

5103 Memorial Highway

Tampa

City

FL Zip Code
33634

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)

DATE

9. This corporation is eligible to satisfy its Intangible
- Tax filing requirement and elects to do so.
(See criteria on back) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
Pres.
Darrin Spencer
7006 N. Blossom Ave.
Tampa, Fl. 33614

TITLE
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Exemption Filing #

4-30-02 (813) 290-8745

CR2E034B (12/01)