

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 26, 2004 8:00 am
Secretary of State

02-26-2004 90002 009 ***150.00

DOCUMENT # P02000003951

1. Entity Name

NEW BAY AUTO SALES, INC.



Principal Place of Business

6245 N.DALE MABRY HWY.
TAMPA FL 33614

Mailing Address

6245 N.DALE MABRY HWY.
TAMPA FL 33614

2. Principal Place of Business

5019 N. Hale Ave

Suite, Apt. #, etc.

3. Mailing Address

5019 N. Hale Ave

Suite, Apt. #, etc.

City & State

Tampa FL

City & State

Tampa FL

Zip

33614

Country

USA

Zip

33614

Country

USA

4. FEI Number

59-3552938

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCOTT, NEAL
4014 DANA SHORES DR.
TAMPA FL 33612

7. Name and Address of New Registered Agent

Name SCOTT, NEAL

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

4014 Dana Shores Drive

City

Tampa

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Frank Jones Sec.

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

(NOTE: Registered Agent signature required when reinstating)

2/20/04

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 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

TITLE S ☐ Delete
NAME JONES, FRANK
STREET ADDRESS 3019 COLONIAL RIDGE DR.
CITY-ST-ZIP BRANDON FL 33511

TITLE D ☐ Delete
NAME SCOTT, NEAL
STREET ADDRESS 4014 DANA SHORES DR.
CITY-ST-ZIP TAMPA FL 33634

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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 supplementary 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:

Frank Jones

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/04

Date

813-205-9191

Daytime Phone #