

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91269 002 ***150.00

DOCUMENT # P02000130394

1. Entity Name
BAY AREA REAL ESTATE SOLUTIONS, INC.



Principal Place of Business
413 OLD VILLAGE WAY
OLDSMAR FL 34677

Mailing Address
413 OLD VILLAGE WAY
OLDSMAR FL 34677

2. Principal Place of Business
423 Manor Blvd
Suite, Apt. #, etc.

3. Mailing Address
423 Manor Blvd
Suite, Apt. #, etc.

City & State
Palm Harbor FL
Zip 34683 **Country** USA

City & State
Palm Harbor FL
Zip 34683 **Country** USA

4. FEI Number
01-0762609

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

HUELLE, LEE
413 OLD VILLAGE WAY
OLDSMAR FL 34677

7. Name and Address of New Registered Agent

Name Lee Huelle
Street Address (P.O. Box Number is Not Acceptable)
423 Manor Blvd
City Palm Harbor **FL** **Zip Code** 34683

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/25/03

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	HUELLE, LEE	
STREET ADDRESS	413 OLD VILLAGE WAY	
CITY-ST-ZIP	OLDSMAR FL 34677	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Huelle, Lee	
STREET ADDRESS	423 Manor Blvd	
CITY-ST-ZIP	Palm Harbor FL 34683	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Huelle, Cynthia	
STREET ADDRESS	423 Manor Blvd	
CITY-ST-ZIP	Palm Harbor FL 34683	
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		
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:

SIGNATURE REQUIRED

4/25/03 727 939 8500

Date

Daytime Phone #

CR2E034 (10/02)