

5/27/

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 04, 2002 8:00 am
Secretary of State

05-27-2002 90480 038 ***150.00

DOCUMENT # P92000014531

1. Entity Name

BAY PAINTING & DECORATING, INC.

Principal Place of Business

21523 FT CHRISTMAS RD
CHRISTMAS FL 32709-9456
US

Mailing Address

21523 FT CHRISTMAS RD
CHRISTMAS FL 32709-9456
US

37719

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

59-3164230

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

BARNETT, STEPHEN
120 UNIVERSITY PARK DR
STE 210
WINTER PARK FL 32792

7. Name and Address of New Registered Agent

Name

MOSS + REEVES, P.A.

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

480 N. ORLANDO AVE Suite 218

City

Winter Park,

FL

Zip Code **32789**

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

MOSS + REEVES, P.A.**6/27/02**

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)

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

TITLE	DPVT	<input type="checkbox"/> Delete
NAME	PATTERSON, MICHAEL D	
STREET ADDRESS	21523 FT CHRISTMAS RD	
CITY-ST-ZIP	CHRISTMAS FL 32709-9456	
TITLE	ST	<input type="checkbox"/> Delete
NAME	PATTERSON, CRYSTAL S	
STREET ADDRESS	21523 FT CHRISTMAS RD	
CITY-ST-ZIP	CHRISTMAS FL 32709-9476	
TITLE	V	<input type="checkbox"/> Delete
NAME	LEWIS, KEN D	
STREET ADDRESS	21523 FT CHRISTMAS RD	
CITY-ST-ZIP	CHRISTMAS FL 32709-9456	
TITLE	V	<input type="checkbox"/> Delete
NAME	DAVIS, ED	
STREET ADDRESS	21523 FT CHRISTMAS RD	
CITY-ST-ZIP	CHRISTMAS FL 32709-9456	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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:

Michael D. Patterson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-02

Date

407-568-5050

Daytime Phone #

CR2E034 (9/01)