

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000035925

1. Entity Name

BAY PROCESSING, INC.

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90069 006 ***150.00

Principal Place of Business

36408 US HWY 19 N
PALM HARBOR FL 34667

Mailing Address

36408 US HWY 19 N
PALM HARBOR FL 34667

547845

2. Principal Place of Business

7314 S.R. 52

Suite, Apt. #, etc.

3. Mailing Address

7314 S.R. 52

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

HUDSON, FL

City & State

HUDSON, FL

4. FEI Number

59-3182778

Applied For

Not Applicable

Zip

34667

County

PASCO

Zip

34667

County

PASCO

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

6. Name and Address of Current Registered Agent

WYNNE, RUTH
36408 US HWY 19 N
PALM HARBOR FL 34667

7. Name and Address of New Registered Agent

Name RUTH WYNNE

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

7314 S.R. 52

City HUDSON

FL

Zip 34667

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) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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 D
NAME WYNNE, RUTH
STREET ADDRESS 36408 US HWY 19 N
CITY-ST-ZIP PALM HARBOR FL 34667 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition
7314 S.R. 52
HUDSON FL 34667

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

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

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

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

Ruth Wynne

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)