

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000068357

1. Entity Name

BAY BUILDING SERVICES, INC.

Principal Place of Business

Mailing Address

4987 N. UNIVERSITY
SUITE 2405
LAUDERHILL FL 33351
US

P. O. BOX 26448
TAMARAC FL 33320-6448
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROY, CATHERINE
4987 N. UNIVERSITY, SUITE 2305
LAUDERHILL FL 33351

Name RAYMOND W. FORESTER

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

4987 N. UNIVERSITY DRIVE

City LAUDERHILL

FL | Zip Code 33351

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

RAYMOND W. FORESTER
Raymond W. Forester

(NOTE: Registered Agent signature required when reinstating)

DATE

1/25/2000

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, 2000 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 P ☐ Delete
NAME ROY, CATHERINE
STREET ADDRESS 4987 N. UNIVERSITY, SUITE 2405
CITY-ST-ZIP LAUDERHILL FL 33351

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE C-T ☐ Change ☒ Addition
NAME RAYMOND W. FORESTER
STREET ADDRESS 4987 N. UNIVERSITY DRIVE
CITY-ST-ZIP LAUDERHILL, FLORIDA 33351

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

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

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

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

TITLE ☐ Change ☐ 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:

CATHERINE M ROY CATHERINE M ROY 1/25/00 954-742-6211

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

Jan 31, 2000 8:00 am
Secretary of State

01-31-2000 90018 029 ***150.00

911422



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0444930

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required