

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000036201

1. Corporation Name

BAY-BRO CORPORATION

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90001 025 ***150.00

838404

Principal Place of Business

901 NORFOLK CT
LONGWOOD FL 32750
US

Mailing Address

PO BOX 6272
LONGWOOD FL 32791-6272

Principal Place of Business

Mailing Address

108 SAND PINE LN.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

LONGWOOD, FL 32779

Zip

Country

Zip

Country

3277

USA

4. FEI Number

59-3247860

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Name and Address of Current Registered Agent

Name and Address of New Registered Agent

BALEY, RAY
108 SAND PINE LN.
LONGWOOD FL 32779

81 Name

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

83

84 City

FL

85 Zip Code

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 fee if applicable.

(NOTE: Registered Agent signature required when reinstalling)

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> DELETE	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALEY, RAYMOND J.	NAME	
STREET ADDRESS	108 SAND PINE LN.	STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL 32779	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROOKS, ALBERT	NAME	
STREET ADDRESS	901 NORFOLK CT	STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL 32750	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:

Albert Brooks, V.P. ALBERT BROOKS 4/24/2000 407-332-9445

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #