## FILED 2000 UNIFORM BUSINESS REPORT (UBR) Mar 02, 2000 8:00 am Secretary of State DOCUMENT # **P94000041792** BAY STAR HOMES, INC. 03-02-2000 90031 046 \*\*\*150.00 Mailing Address Principal Place of Business 1027 FRANKLAND RD. iúžī FRANKLAND RD. TAMPA FL 33629-5105 (AMPA FL 33629 2. Principal Place of Business Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0496237 Not Applicable \$8.75 Additional Country Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BISANZ, THOMAS L Street Address (P.O. Box Number is Not Acceptable) 1027 FRANKLAND RD. **TAMPA FL 33629** 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition ☐ Delete TITLE TITLE BISANZ, THOMAS L NAME NAME STREET ADDRESS STREET ADDRESS 224 S MELVILLE AVE, #8 CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33606 ☐ Addition ☐ Delete TITLE BISANZ, SUSAN H NAME NAME STREET ADDRESS 224 S MELVILLE AVE, #8 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33606 Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE

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 addless, with all other like empowered. changed, or on an attachment with an add

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP