

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000020218

1. Entity Name
TECHNOLOGY BAY CORPORATION

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90007 008 ***150.00

Principal Place of Business
2564 14TH AVE. S.W.
LARGO FL 34640-4334

Mailing Address
2564 14TH AVE. S.W.
LARGO FL 34640-4334



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 **59-3447665**

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

7. Name and Address of New Registered Agent

BAERG, JOHN
2564 14TH AVE. S.W.
LARGO FL 34640-4334

Name

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

City

FL

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 title if applicable.

(NOTE: Registered Agent signature required when re-registering)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	P BAERG, JOHN	<input type="checkbox"/> Delete
STREET ADDRESS	2564 14TH AVENUE SW	
CITY- ST- ZIP	LARGO FL	
TITLE NAME	V BAERG, RONALD	<input type="checkbox"/> Delete
STREET ADDRESS	10994 90TH TERRACE N	
CITY- ST- ZIP	SEMINOLE FL	
TITLE NAME	T BAERG, JOHN	<input type="checkbox"/> Delete
STREET ADDRESS	1564 14TH AVENUE SW	
CITY- ST- ZIP	LARGO FL	
TITLE NAME	S BAERG, RONALD	<input type="checkbox"/> Delete
STREET ADDRESS	10994 90TH TERRACE NORTH	
CITY- ST- ZIP	SEMINOLE FL	
TITLE NAME	S BAERG, JOHN	<input type="checkbox"/> Delete
STREET ADDRESS	2564 14TH AVENUE SW	
CITY- ST- ZIP	LARGO FL	
TITLE NAME	D BAERG, RONALD D	<input type="checkbox"/> Delete
STREET ADDRESS	10994 90TH TERRACE N	
CITY- ST- ZIP	SEMINOLE FL	

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN BAERG

07 APR 2001

Date

727.585.0199

Daytime Phone #

CR2E034 (10/00)