

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2000 8:00 am**  
**Secretary of State**  
 04-17-2000 90051 031 \*\*\*150.00

DOCUMENT # **095000032887**  
 1. Entity Name  
**BAY AREA HOMES INC.**

Principal Place of Business Mailing Address

2. Principal Place of Business 3. Mailing Address  
**6318-113TH AVE. E. 6318-113TH AVE. E.**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
**EMPLE TERRACE, FL. TEMPLE TERRACE, FL.**  
 Zip Country Zip Country  
**33617 Hillsborough 33617 Hillsborough**

6. Name and Address of Current Registered Agent  
**MR AL R. LOPEZ P.A.**  
**SUITE #500**  
**4600 WEST CYPRESS ST.**  
**TAMPA, FL. 33607**

4. FEI Number  
**59-331-7201**  
 Applied For Not Applicable  
 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is 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 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, 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	<b>PRESIDENT</b>	<input type="checkbox"/> Delete
NAME	<b>JAMES W WIENMAN</b>	
STREET ADDRESS	<b>6318-113TH SE.</b>	
CITY-ST-ZIP	<b>TEMPLE TERRACE, FL. 33617</b>	
TITLE	<b>VICE PRESIDENT</b>	<input type="checkbox"/> Delete
NAME	<b>JOHN P. WIENMAN</b>	
STREET ADDRESS	<b>2448-11TH SE.</b>	
CITY-ST-ZIP	<b>BUDELWOOD, FL. 34224</b>	
TITLE	<b>SEC. TREASURER</b>	<input type="checkbox"/> Delete
NAME	<b>JOHN P. WIENMAN</b>	
STREET ADDRESS	<b>2448-11TH SE.</b>	
CITY-ST-ZIP	<b>BUDELWOOD, FL. 34224</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **JAMES W. WIENMAN**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date **4-10-2000** Daytime Phone # **813-984-8350**

CR2E034 (9/99)