

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000045657

1. Entity Name

BAYSIDE MARINE COSMETIC & REPAIR, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90234 034 ***150.00

Principal Place of Business

1610 29TH STREET WEST
BRADENTON FL 34205

Mailing Address

1610 29TH STREET WEST
BRADENTON FL 34205-3940

2. Principal Place of Business

Mobile Marine
Suite, Apt. #, etc.
(same) →

3. Mailing Address

4423-3rd Ave E.
Suite, Apt. #, etc.

City & State

Bradenton
City & State

4. FEI Number

65-0600937

Applied For

Not Applicable

Zip

Country

34205

Zip

Country

34205

USA

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

DI CARLO, SHEILA
1610-29TH STREET WEST 4423-3rd Ave E
BRADENTON FL 34205 34205

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DI CARLO, SHEILA 1610 29TH STREET WEST BRADENTON FL 34205	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DI CARLO, PHILLIP W. 1610-29TH ST. WEST BRADENTON FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Sheila Dicarilo

Sheila Dicarilo

4/27/00

941-748-4229

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

798-0858

CR2E034 (9/99)