

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000069273

1. Entity Name

BAY AREA SKY-CAM, INC.

FILED
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90012 002 ***150.00

0422481

Principal Place of Business		Mailing Address					
4725 GRANDVIEW AVENUE NEW PORT RICHEY FL 34652-1040		4725 GRANDVIEW AVENUE NEW PORT RICHEY FL 34652-1040					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
GREENE, LEAMON A 4725 GRANDVIEW AVENUE NEW PORT RICHEY FL 34652-1040				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) <input type="checkbox"/>		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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS					
TITLE: D NAME: GREENE, LEAMON A STREET ADDRESS: 4725 GRANDVIEW AVENUE CITY-ST-ZIP: NEW PORT RICHEY FL 34652-1040		<input type="checkbox"/> Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: 	
TITLE: S NAME: GREJNO, JANE STREET ADDRESS: 4725 GRANDVIEW AVENUE CITY-ST-ZIP: NEW PORT RICHEY FL 34652-1040		<input type="checkbox"/> Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: 	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: 		<input type="checkbox"/> Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: 	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: 		<input type="checkbox"/> Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: 	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: 		<input type="checkbox"/> Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: 	
ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: 	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: 	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: 	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE: 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: *Leamon A. Greene* / *Leamon A. Greene* 1-10-01 721-847-6923

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)