

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 19, 2003 8:00 am
Secretary of State

06-19-2003 90045 041 ***550.00

DOCUMENT # P95000079067

1. Entity Name
BAY AREA & CROWN COMMUNICATIONS, INC.



Principal Place of Business
**625 GRAND CENTRAL
CLEARWATER FL 33756
US**

Mailing Address
**625 GRAND CENTRAL
CLEARWATER FL 33756
US**

2. Principal Place of Business

**1281 S. Missouri Ave
Suite, Apt. #, etc.
#187**

3. Mailing Address

**1281 S. Missouri Ave
Suite, Apt. #, etc.
#187**

City & State
Clearwater FL

City & State
Clearwater FL

4. FEI Number **65-0617028**

Applied For
Not Applicable

Zip Country
33756 USA

Zip Country
33756

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MCCLOUD, VIRGINIA M
625 GRAND CENTRAL
CLEARWATER FL 34616**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
**1281 S. Missouri Ave #187
Clearwater,
City Clearwater FL Zip Code 33756**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **PMD**
STREET ADDRESS **MCCLOUD, BENTON W**
CITY-ST-ZIP **625 GRAND CENTRAL ST.
CLEARWATER FL 34616**

TITLE ☐ Delete
NAME **ST**
STREET ADDRESS **MCCLOUD, VIRGINIA M**
CITY-ST-ZIP **625 GRAND CENTRAL ST.
CLEARWATER FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **PMD**
STREET ADDRESS **Benton McCloud**
CITY-ST-ZIP **1281 S. Missouri Ave #187
Clearwater, FL 33756**

TITLE ☒ Change ☐ Addition
NAME **ST**
STREET ADDRESS **McCloud, Virginia M.**
CITY-ST-ZIP **1281 S. Missouri Ave #187
Clearwater, FL 33756**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Virginia M. McCloud**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/17/03 727-448-0496
Date Daytime Phone #

CR2E034 (10/02)