FILED

2001 UNIFORM BUSINESS REPORT (UBR)

May 15, 2001 8:00 am Secretary of State DOCUMENT # **P95000095578** 1. Entity Name 05-15-2001 90113 010 ***150.00 BAYWIDE COLLATING, INC. Principal Place of Business Mailing Address 801 EAST WASHINGTON STREET 3906 ROSEDALE DRIVE TAMPA FL 33602 BRANDON FL 33511 2. Principal Place of Business 3. Mailing Address BOI E. WASHINGTON ST Suite Apt # etc. City & State City & State 4. FEI Number Applied For 59-3354999 TAMPA FLORIDA Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 33400 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent STEVEN D. NEULE Street Address (P.O. Box Number is Not Acceptable) 801 E. WASHINGTON ST ROUTMAN, NANCY C 3906 ROSEDALE DRIVE STREET BRANDON FL 33511 City Zip Code 33602 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 DING STEVEN D. NEVILLE VRES FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS CR2E034 (10/00) TITLE ☐ Delete TITLE STEVEN D NEVILLE JEFFREY D. ROUTMAN NAME STREET ADDRESS STREET ADDRESS 3609 ROSEDALE DR BRANDON 7L 33511 3619 S COLLIDGE AVE CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33629 TITLE Delete TITLE ☐ Change ☐ Addition NAME JOEL C ROUTMAN NAME 3906 ROSEDALE DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BRANDON FL Delete Addition TITLE STD TITLE Change NAME NANCY C ROUTMAN NAME STREET ADDRESS STREET ADDRESS 3906 ROSEDALE DR CITY-ST-ZIP BRANDON FL CITY-ST-78P ☐ Delete Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Chance Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-78P TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS 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.