

# **FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

FILED

DOCUMENT # P95000097076

1. Entity Name

BAY AREA WINDOW TINT INC.

02 NOV 15 AM 11:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

3331 5TH AVE N

3. Mailing Address

3331 5TH AVE N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ST. PETERSBURG FL 33713

City & State

ST. PETERSBURG FL 33713

Zip

Country

PINELLAS

Zip

Country

PINELLAS

4. FEI Number

59-3353068

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

JOE BOYLAN

Street Address (P.O. Box Number is Not Acceptable)

600 BYPASS DR SUITE 104

City

CLEARWATER

FL

Zip Code

33764

**DO NOT WRITE  
IN THIS SPACE**

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) ☒

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
JACK C ROSS  
5360 8TH AVE N.  
ST. PETERSBURG FL 33710**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**000009014700  
11/15/02--01019--004 \*\*150.00**

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

727 327077

November 11, 2002

Bay Area Window Tint, Inc.  
3331 5<sup>th</sup> Ave N.  
St. Petersburg FL 33713

Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

To whom it may concern,

We have received a notice of dissolution for our corporation. During this year we have moved our business. We never received the first annual uniform business report. We are enclosing the annual business report, with a check for the original amount of \$150.00. The report will show our new address. Please make the necessary changes to our account. Thank you.

Sincerely,  
Jack Ross