

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90760 001 ***300.00

DOCUMENT # P96000004592



1. Entity Name
BAY AREA MEDICAL ADJUSTORS, INC.

Principal Place of Business
**3102 N. HABANA AVE.
STE 101
TAMPA FL 33607
US**

Mailing Address
**PO BOX 15699
TAMPA FL 33684
US**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
5425 BEAUMONT CENTER BLVD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

916

City & State

City & State

TAMPA FL

Zip

Country

Zip

Country

33634

USA

4. FEI Number **59-3352761**

Applied For

Not Applicable

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

CRAWFORD, DARYL W.

3102 N HABANA AVE

SUITE 101

TAMPA FL 33684

Name

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

5425 BEAUMONT CENTER BLVD

SUITE 916

City

TAMPA

FL

Zip Code

33634

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

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

02/10/2003

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSTD** ☐ Delete
NAME **CRAWFORD, DARYL W**
STREET ADDRESS **3102 N HABANA AVE STE 101**
CITY-ST-ZIP **TAMPA FL 33607**

TITLE **PSTD** ☒ Change ☐ Addition
NAME **DARYL W. CRAWFORD**
STREET ADDRESS **5425 BEAUMONT CENTER BLVD #916**
CITY-ST-ZIP **TAMPA FL 33634**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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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:

SIGNATURE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/10/2003 813/885-7766
Date Daytime Phone #

CR2E034 (10/02)