

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000031349

1. Entity Name

BAY AREA CABINETS & MILLWORK BY JOHN, INC.

FILED
Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90113 029 ***150.00

Principal Place of Business

174 SW LINCOLN CIR., NORTH
ST. PETERSBURG FL 33703

Mailing Address

174 SW LINCOLN CIR., NORTH
ST. PETERSBURG FL 33703-1352

2. Principal Place of Business

3. Mailing Address

572 Riviera Bay Dr NE

572 Riviera Bay Dr NE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St Pete, FL

City & State

St Pete, FL

4. FEI Number

65-0662545

Applied For

Not Applicable

Zip

Country

33702

Zip

Country

33702

U.S.

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

KOENIG, JOHN R
174 SW LINCOLN CIR., NORTH
ST. PETERSBURG FL 33703

Name

new address

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

572 Riviera Bay Dr NE

City

St Petersburg

FL

Zip Code

33702

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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
KOENIG, JOHN R
572 RIVIERA BAY DRIVE, NE
ST. PETERSBURG FL 33702

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
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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:

John R. Koenig
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-2000 - 727527-1565

Date

Daytime Phone #

CR2E034 (9/99)