

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000085261

1. Entity Name

BAY TO BAY COMMUNICATIONS, INC.

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90047 049 ***150.00

Principal Place of Business

1133 FOURTH STREET
SARASOTA FL 34236

Mailing Address

1133 FOURTH STREET
SARASOTA FL 34236-4870

2. Principal Place of Business

22 SO. LINKS AVE., SUITE 204

3. Mailing Address

22 SO. LINKS AVE., SUITE 204

Suite, Apt. #, etc.

204

Suite, Apt. #, etc.

STE. 204

City & State

SARASOTA, FL.

City & State

SARASOTA, FL.

Zip

34236

Country

SARASOTA

Zip

34236

Country

SARASOTA

4. FEI Number

65-0701062

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

BUSIERE, JERRY L
6301 -26 AVE. E.
BRADENTON FL 34208

Name

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

City

FL

Zip Code

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 D
STREET ADDRESS INGARFIELD, EARL T
CITY-ST-ZIP 1343 MAIN STREE, SUITE 204
SARASOTA FL 34236

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

TITLE ☐ Delete
NAME D
STREET ADDRESS REYNOLDS, JOSHUA E
CITY-ST-ZIP 1343 MAIN STREE, SUITE 204
SARASOTA FL 34236

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 16/00

Date

941-365-0232

Daytime Phone #

CR2E034 (9/99)