

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Aug 19, 2000 08:00 AM**
Secretary of State**DOCUMENT # P96000089950****1. Entity Name**
BAY AREA ENTERPRISES, INC.

Principal Place of Business	Mailing Address
1245 COURT STREET SUITE 102 CLEARWATER FL 33756	1245 COURT STREET SUITE 102 CLEARWATER FL 33756

2. Principal Place of Business	3. Mailing Address
10297 MULBERRY WAY	10297 MULBERRY WAY

Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
LARGO FL	LARGO FL

Zip	Country	Zip	Country
33777	US	33777	US

4. FEI Number	Applied For
59-3408589	Not Applicable

5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	

6. Name and Address of Current Registered Agent

GASSMAN ALAN SESQ
1245 COURT STREET
SUITE 102
CLEARWATER FL 33756

7. Name and Address of New Registered Agent

Name
SANCHEZ ROBERT
Street Address (P.O. Box Number is Not Acceptable)
10297 MULBERRY WAY
City
LARGO FL Zip Code
33777

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 ROBERT SANCHEZ****08/19/2000**

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**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	SANCHEZ LADONNA	10297 MULBERRY WAY	LARGO FL 33777	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	SANCHEZ ROBERT	10297 MULBERRY WAY	LARGO FL 33777	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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 ROBERT SANCHEZ****08/19/2000**