## 2000 UNIFORM BUSINESS REPORT (UBR)

## Jan 18, 2000 8:00 am Secretary of State DOCUMENT # P96000095927 1. Entity Name BRITISH-AMERICAN PROPERTY ADVISORS, INC. 01-18-2000 90203 014 \*\*\*150.00 Principal Place of Business Mailing Address 13759 HERON CIRCLE 13759 HERON CIRCLE CLEARWATER FL 33762-5505 C0003687 CLEARWATER FL 34622 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3418823 ئىنىپىشىپىئىلىك بەرى Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7.- Name and Address of New Registered Agent - -- 6. Name and Address of Current Registered Agent Name DEY, JAYANTA Street Address (P.O. Box Number is Not Acceptable) 13759 HERON CIRCLE **CLEARWATER FL 34622** Zip Code FL 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Change TITLE ☐ Delete TITLE DEY, JAYANTA NAME NAME STREET ADDRESS STREET ADDRESS 13759 HERON CIRCLE CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 34622** ☐ Change ☐ Delete TITLE TITLE NAME DEY, JANET NAME STREET ADDRESS STREET ADDRESS 13759 HERON CIRCLE CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 34622** \_ · · · · · · ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP T \* \* \* \*\*\* ☐ Delete ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

13. I hereby certify that the information supplied with this filling 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 a supplemental 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 a supplemental report is true and accurate and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with a 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 a supplemental report is true and accurate and that my name appears in Block 11 or Block 12 if the corporation of the c

SIGNATURE:

SIGNATION (ITOEY)

5 January 2000 (727) 573/5350

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