

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90005 004 ***150.00

DOCUMENT # P97000018325

1. Entity Name

BAY AREA APPLIANCE SERVICE, INC.

Principal Place of Business

**518 WEST BAY DRIVE
 LARGO FL 33770**

Mailing Address

**518 WEST BAY DRIVE
 LARGO FL 33770**

2. Principal Place of Business

4409 US Hwy 19 N.

Suite, Apt. #, etc.

3. Mailing Address

4409 US Hwy 19 N.

Suite, Apt. #, etc.

City & State

New Port Richey FL

City & State

New Port Richey FL

Zip

Country

34652

Zip

Country

34652

4. FEI Number

65-0727229

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**SOOKNANAN, CHANDESH
 518 WEST BAY DRIVE
 LARGO FL 33770**

7. Name and Address of New Registered Agent

Name

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

4409 US Hwy 19 N.

City

New Port Richey

FL

Zip Code

34652

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, 2002 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 **P** ☐ Delete
 NAME **SOOKNANAN, CHANDESH**
 STREET ADDRESS **518 WEST BAY DRIVE**
 CITY-ST-ZIP **LARGO FL 33770**

TITLE **V** ☐ Delete
 NAME **SOOKNANAN, HAIMRAJ**
 STREET ADDRESS **518 WEST BAY DRIVE**
 CITY-ST-ZIP **LARGO FL 33770**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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: **CHANDESH**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/02

Date

(813) 817-1452

Daytime Phone #

CR2E034 (9/01)