

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000047209

1. Entity Name

BAY AREA RENOVATIONS, INC.

**FILED**  
Feb 26, 2000 8:00 am  
**Secretary of State**

02-26-2000 90041 040 \*\*\*150.00

Principal Place of Business

Mailing Address

1202 STERN WAY  
VALRICO FL 33594-4438

1202 STERN WAY  
VALRICO FL 33594-4438

2. Principal Place of Business

10427 OAKBROOK DR

3. Mailing Address

10427 OAKBROOK

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA FL

City & State

TAMPA FL

4. FEI Number

59-3454891

Applied For

Not Applicable

Zip

33624

Country

HILLS.

Zip

33624

Country

HILLSBOROUGH

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

WOMACK, KEITH F  
1202 STERN WAY  
VALRICO FL 33594

Name

MIKE KROLL

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

10427 OAKBROOK DR.

City

TAMPA

FL

Zip Code

33624

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

*Mike Kroll*

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 P ☐ Delete  
NAME KROLL, ROSALYN  
STREET ADDRESS 10427 OAKBROOK DR  
CITY-ST-ZIP TAMPA FL 33624-4438

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

TITLE VD ☒ Delete  
NAME WOMACK, KEITH  
STREET ADDRESS 1202 STERN WAY  
CITY-ST-ZIP VALRICO FL 33594

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

TITLE ST ☐ Delete  
NAME KROLL, MIKE  
STREET ADDRESS 10427 OAKBROOK DR  
CITY-ST-ZIP TAMPA FL 33624

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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:

*Mike Kroll*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)