

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 20, 2001 8:00 am**  
**Secretary of State**

03-20-2001 90003 046 \*\*\*158.75

037246

**DOCUMENT # P97000076425**

1. Entity Name

**BAY AREA SALES & MARKETING, INC.**

Principal Place of Business

9225 ULMERTON RD.  
SUITE-U  
LARGO FL 33771

Mailing Address

9225 ULMERTON RD.  
SUITE-U  
LARGO FL 33771

954000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8100 Ulmerton Rd.

Suite, Apt. #, etc.

Bldg. 5 Suite A

City & State

Largo FL.

Zip  
33771

Country

U.S.A.

3. Mailing Address

8100 Ulmerton Rd.

Suite, Apt. #, etc.

Bldg. 5 Suite A

City & State

Largo FL.

Zip  
33771

Country

U.S.A.

4. FEI Number **59-3472554**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

ELDER, ROBERT  
6645 8TH AVE. NORTH  
ST. PETERSBURG FL 33710

7. Name and Address of New Registered Agent

Name

Elder, Robert

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

10844 119 Street North

City

Largo

FL

Zip Code

33778

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, 2001 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  
P  
ELDER-CURRAN, MAKESNA N.  
6800 30 AVE N  
ST. PETERSBURG FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S/T  
ELDER, ROBERT  
6+800 30 AVE N  
ST. PETERSBURG FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
Elder-Curran, MAKESHA N.  
10844 119 St. No.  
Largo FL. 33778 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S/T  
Elder, Robert  
10844 119 St. No.  
Largo FL. 33778 ☒ Change ☐ Addition

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

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

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-30-01  
727-585-7521

CR2E034 (10/00)