

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000026155

1. Entity Name

BAYS & SON TRAILERS, INC.

**FILED**  
**Apr 27, 2000 8:00 am**  
**Secretary of State**

04-27-2000 90008 010 \*\*\*150.00

Principal Place of Business

Mailing Address

~~1614 LAKE LORINE DR.~~  
~~ORLANDO FL 32808-6123~~

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~~ORLANDO FL 32808-6123~~

3600 OLD WINTER GDN  
 ORL. FL 32805

7012 CLARCONA-OCOEE RD  
 ORL. FL 32818

2. Principal Place of Business

RD

3. Mailing Address

3600 OLD WINTER GARDEN

7012 CLARCONA OCOEE RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

ORL. FLA 32805

ORL. FL 32818

Zip

Country

Zip

Country

4. FEI Number

59-3501735

Applied For

Not Applicable

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

BAYS, RONALD R

~~1614 LAKE LORINE DR.~~

~~ORLANDO FL 32808-6123~~

7012 CLARCONA OCOEE RD

ORL. FL 32818

Name

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

City

FL

Zip Code

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, 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 ☐ Delete  
 NAME BAYS, RONALD R  
 STREET ADDRESS ~~1614 LAKE LORINE DR.~~ 7012 CLARCONA-OCOEE RD  
 CITY-ST-ZIP ~~ORLANDO FL 32808-6123~~ ORL FL 32818

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

TITLE ☐ Delete  
 NAME BAYS, ELLEN A  
 STREET ADDRESS ~~1614 LAKE LORINE DR.~~ 7012 CLARCONA-OCOEE RD  
 CITY-ST-ZIP ~~ORLANDO FL 32808-6123~~ ORL. FL 32818

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

TITLE ☐ Delete  
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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:

*Ronald Bays*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/6/00 407-824-7837

CR2E034 (9/99)