

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

02 JAN 24 PM 1:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000038715

1. Entity Name

B Y & C MANAGEMENT, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

560 W. Rodgers Cir.

Suite, Apt. #, etc.

Suite 14

Boca Raton, FL

Zip 33487

Country USA

3. Mailing Address

560 W. Rodgers Cir.

Suite, Apt. #, etc.

Suite 14

Boca Raton, FL

Zip 33487

Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0832987

Applied For

Not Applicable

5. Certificate of Status Desired

☒\$3.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Kenneth O. Lipscomb

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

560 W. Rodgers Circle

Suite 14

City

Boca Raton

FL

Zip Code

33487

DO NOT WRITE
IN THIS SPACE

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

KENNETH O. LIPSCOMB

15 Jan 02

Signature of typewriter printed name of registered agent and title of application.

(If not Registered Agent Signature required when replacing)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirements and elects to do so.
(See criteria on back)☐

January 1 - May 1: Fee is \$150.00

After May 1: Fee is \$350.00

Amended UBR is \$61.25

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	Pand D
NAME	Kenneth O. Lipscomb
STREET ADDRESS	560 W. Rodgers Cir. Ste. 14
CITY-ST-ZIP	Boca Raton, FL 33487
TITLE	VP - Steve CAVAYERO
NAME	Steve CAVAYERO
STREET ADDRESS	560 W. Rodgers Cir. Ste. 14
CITY-ST-ZIP	Boca Raton, FL 33487
TITLE	S - Arthur Kirsch
NAME	Arthur Kirsch
STREET ADDRESS	560 W. Rodgers Cir. Ste. 14
CITY-ST-ZIP	Boca Raton, FL 33487

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 on an attachment with an address, with all other like attachments.

SIGNATURE:

KENNETH O. LIPSCOMB

15 Jan 02

4092291283

17097770944

Signature and typed name of person signing as officer or director

DATE

Daytime Phone

T. LIPSCOMB JAN 25 2002