

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90006 035 ***150.00

DOCUMENT # P98000052200

1. Entity Name

BAY AREA PAINTING & PRESSURE CLEANING INC.

Principal Place of Business

Mailing Address

4442 MCINTOSH PK. DR.
 # 1104
 SARASOTA FL 34232

4442 MCINTOSH PK. DR.
 # 1104
 SARASOTA FL 34232-6548

809110



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2409 Salmista Terrace

2409 Salmista Terrace

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

North Port, FL

North Port, FL

4. FEI Number

65-0843064

Applied For

Not Applicable

Zip

Country

Zip

Country

34286 USA

34286 USA

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

SCHMIDT, RANDY L
 4442 MCINTOSH PKWY DR.
 SARASOTA FL 34232

Name Schmidt, Randy L.

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

2409 Salmista Terrace

City

North Port,

FL

Zip Code

34286

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

Randy L. Schmidt, Randy L. Schmidt

1/24/00

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 | <input type="checkbox"/> Delete |
| NAME | SCHMIDT, RANDY L | |
| STREET ADDRESS | 4442 MCINTOSH PKWY DR. | |
| CITY-ST-ZIP | SARASOTA FL 34232 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
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| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|-----------------------|--|
| TITLE | P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Schmidt, Randy L. | |
| STREET ADDRESS | 2409 Salmista Terrace | |
| CITY-ST-ZIP | North Port, FL 34286 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Randy L. Schmidt, Randy L. Schmidt 1/24/00 (941)378-9.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #