

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000010702

1. Entity Name

BAY TO BAY ELECTRIC, INC.

FILED
May 12, 2000 8:00 am
Secretary of State

03-20-2000 90185 012 ***150.00

Principal Place of Business Mailing Address
12241 GARDEN LAKE CIR. 12241 GARDEN LAKE CIR.
ODESSA FL 33556 ODESSA FL 33556-5141

2. Principal Place of Business 3. Mailing Address
12241 - GARDEN LAKE CIRCLE SAME
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State ODESSA, FL. City & State
Zip 33556 Country Zip Country

4. FEI Number 59-3557378 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

WARNER, DONALD
12241 GARDEN LAKE CIR.
ODESSA FL 33556

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	VICE PRESIDENT	<input type="checkbox"/> Delete
NAME	RICK KROWIORZ	
STREET ADDRESS	8709-N. 46th ST.	
CITY-ST-ZIP	TAMPA, FL. 33613	
TITLE	SECRETARY	<input type="checkbox"/> Delete
NAME	SHAWN CAMPBELL	
STREET ADDRESS	109-N HIBISCUS	
CITY-ST-ZIP	TARPON SPRINGS, FL. 34698	
TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	DON WARNER	
STREET ADDRESS	12241-GARDEN LAKE CIRCLE	
CITY-ST-ZIP	ODESSA, FL. 33556	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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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 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 #

2/25/00 127-48862

CR2E034 (9/99)