

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90139 026 ***150.00

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FP

DOCUMENT # P99000015010



1. Entity Name
BAY AREA LASER PRINTER AND FAX REPAIR, INC.

Principal Place of Business
**501 S FALLENBERG RD
SUITE A-7
TAMPA FL 33619**

Mailing Address
**501 S FALLENBERG RD
SUITE A-7
TAMPA FL 33619**



2. Principal Place of Business

3. Mailing Address

501 S Falkenberg Rd

501 S Falkenberg Rd

Suite, Apt. #, etc.
Suite A-8

Suite, Apt. #, etc.
Suite A-8

City & State

City & State

Tampa FL

Tampa FL

Zip

Country

33619

USA

Zip

Country

33619

USA

4. FEI Number **59-3559505**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VERNER-CHIGAN, CHRISTINA
1610 PALM LEAF DRIVE
BRANDON FL 33510**

Name **Christina Verner Clingan**

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

902 Lakemont Drive

City **Valrico**

FL

Zip Code **33594**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Christina Clingan

4/1/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reconstituting)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** Delete
NAME **CLINGAN, GARY**
STREET ADDRESS **1610 PALM LEAF DRIVE**
CITY-ST-ZIP **BRANDON FL 33510**

TITLE **President** Change Addition
NAME **Clingan, Gary R**
STREET ADDRESS **902 Lakemont Drive**
CITY-ST-ZIP **Valrico FL 33594**

TITLE **VPD** Delete
NAME **CLINGAN, CHRISTINA V**
STREET ADDRESS **1610 PALM LEAF DR**
CITY-ST-ZIP **BRANDON FL 33510**

TITLE **CEO** Change Addition
NAME **Clingan Christina V**
STREET ADDRESS **902 Lakemont Drive**
CITY-ST-ZIP **Valrico FL 33594**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Christina Clingan 4/1/03 (813)662-6621

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)