

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

501 S Falkenberg Rd

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

City & State

Tampa FL

Zip
33619

Country
USA

3. Mailing Address

501 S Falkenberg Rd

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

City & State

Tampa FL

Zip
33619

Country
USA

CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3559505**

Applied For

Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

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

Christina Clingan

(NOTE: Registered Agent signature required when reconstituting)

4/1/03

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	CLINGAN, GARY	1610 PALM LEAF DRIVE	BRANDON FL 33510	<input type="checkbox"/>
VPD	CLINGAN, CHRISTINA V	1610 PALM LEAF DR	BRANDON FL 33510	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
President	Clingan, Gary R	902 Lakemont Drive	Valrico FL 33594	<input checked="" type="checkbox"/>
CEO	Clingan Christina V	902 Lakemont Drive	Valrico FL 33594	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

Date

Daytime Phone #

CR2E034 (10/02)