

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

0501601 AV

DOCUMENT # P99000027874

1. Entity Name
BAY PAINTING SERVICES INC.



04-17-2003 90218 040 ***150.00

Principal Place of Business
**2025 20TH AVENUE PKWY.
INDIAN ROCKS BEACH FL 33785**

Mailing Address
**2025 20TH AVENUE PKWY.
INDIAN ROCKS BEACH FL 33785**



2. Principal Place of Business

2025 20th Ave PKWY
Suite, Apt. #, etc.

3. Mailing Address

2025 20th Ave PKWY
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

INDIAN ROCKS BEACH FL

City & State

INDIAN ROCKS BEACH FL

4. FEI Number

59-3578754

Applied For

☐ Not Applicable

Zip

33785

Country

Zip

33785

Country

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

**CALECO, GARY
1505 BAY PINE BLVD
INDIAN ROCKS BEACH FL 33785**

7. Name and Address of New Registered Agent

Name **CALECO Gary Joseph**
Street Address (P.O. Box Number is Not Acceptable)
2025 20th Ave PKWY

City **INDIAN ROCKS BEACH** FL **33785**

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 DATE **3-1-03**

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

(NOTE: Registered Agent signature required when reinstating)

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 **D** ☐ Delete
NAME **CALECO, GARY**
STREET ADDRESS **1505 BAY PINE BLVD**
CITY-ST-ZIP **INDIAN ROCKS BEACH FL 33785**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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: **Joseph Gary Caleco**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-03 727-647-0068

Date

Daytime Phone #

CR2E034 (10/02)