

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000036305

1. Entity Name

BAY AREA IMAGING, INC.

Principal Place of Business

3105 WEST AZEELE STREET
TAMPA FL 33609

Mailing Address

3105 WEST AZEELE STREET
TAMPA FL 33609

2. Principal Place of Business

4150 N. ARDENIA AVE

Suite, Apt. #, etc.

102

3. Mailing Address

PO BOX 18412

Suite, Apt. #, etc.

City & State

TAMPA, FL

City & State

TAMPA, FL

4. FEI Number

59-3273622

Applied For

Not Applicable

Zip

33607

Country

USA

Zip

33607

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

REEVES, VICKI L.

1715 WEST CLEVELAND STREET

TAMPA FL 33606

7. Name and Address of New Registered Agent

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

0

SULL, CHARLES
3105 WEST AZEELE STREET
TAMPA FL 33609

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

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

4/20/01

Daytime Phone #

RECEIVED
01-29-2001 90056 010 ***150.00
07-08 SEP 2001 07:12:02
SECRETARY OF STATE
DIVISION OF CORPORATION



DO NOT WRITE IN THIS SPACE

CR2E034 (5/01)