

2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # P99000054942

1. Entity Name

ALL BAY CONTRACTORS AIR CONDITIONING & HEATING.

FILED
May 22, 2000 8:00 am
Secretary of State

05-01-2000 90373 039 ***150.00

Principal Place of Business 9429 LAZY LANE 2202 N. Howard Ave TAMPA FL 33614 Tampa, FL 33607	Mailing Address - OK! P.O. BOX 271132 TAMPA FL 33688-1132
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3579265	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State			
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent BANDEL, RICHARD 15011 BARBY AVE. TAMPA FL 33625	7. Name and Address of New Registered Agent Name: Richard Bandel Street Address (P.O. Box Number is Not Acceptable): 2202 North Howard Ave Tampa City: Tampa FL Zip Code: 33607
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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: DATE: 4-20-00
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Richard B <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Richard Bandel <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2202 North Howard Ave. Tampa, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Patrick O'Hara <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 19824 Gulf Blvd. #3 Indian Shores, FL 334635
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Juan Gonzalez <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 9007 W. Hamilton Tampa FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: DATE: 4-20-00 DAYTIME PHONE #: 813/961-1042
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2004 (9/99)