

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2002 8:00 am
Secretary of State

02-24-2002 90062 037 ***150.00

0502434 AV

DOCUMENT # P99000059618

1. Entity Name

BACK OF THE BAY ENTERPRISES, INC.

Principal Place of Business

**784 12TH AVENUE S
 NAPLES FL 34102**

Mailing Address

**2412 KINGS LAKE BLVD.
 NAPLES FL 34112**

00030864



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

75812th Ave S

3. Mailing Address

Suite, Apt. #, etc.

City & State

Naples FL

City & State

Zip

34102

Country

Country

4. FEI Number

65-0173940

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**TAIT, MARY L
 2412 KINGS LAKE BLVD.
 NAPLES FL 34112**

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

Mary L Tait

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 \$150.00
 After May 1, 2002 Fee will be \$550.00
 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 **D** ☐ Delete
 NAME **TAIT, MARY L**
 STREET ADDRESS **2412 KINGS LAKE BLVD.**
 CITY - ST - ZIP **NAPLES FL 34112**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

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 STREET ADDRESS
 CITY - ST - ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition
 NAME
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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:

Mary L Tait **MARY L TAIT** **1/31/02** **916-986-22**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)