

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000063100**

1. Entity Name

BAY AREA RESEARCH, MARKETING & INVESTMENT SERVIC

Principal Place of Business

814 GASCON PLACE
TEMPLE TERRACE FL 33617

Mailing Address

814 GASCON PLACE
TEMPLE TERRACE FL 33617**REVISED**
2/21/01**FILED**
Mar 01, 2001 8:00 am
Secretary of State

02-01-2001 90157 002 ***150.00

2. Principal Place of Business

18305 CYPRESS VIEW WAY

3. Mailing Address

18305 CYPRESS VIEW WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

TAMPA, FL

City & State

TAMPA, FL

4. FEI Number

59-3595057

Applied For

Not Applicable

Zip

33647

Country

USA

Zip

33647

Country

USA5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

HOBSON, PETER J ESQ.
606 EAST MADISON STREET
TAMPA FL 33602

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 \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete**D**
LANG, ROBERT A
814 GASCON PLACE
TEMPLE TERRACE FL 33617TITLE ☐ DeleteTITLE ☐ DeleteTITLE ☐ DeleteTITLE ☐ DeleteTITLE ☐ DeleteTITLE ☐ DeleteTITLE ☐ DeleteTITLE ☐ DeleteTITLE ☐ DeleteTITLE ☐ DeleteTITLE ☐ DeleteTITLE ☐ DeleteTITLE ☐ DeleteTITLE ☐ DeleteTITLE ☐ DeleteTITLE ☐ DeleteTITLE ☐ DeleteTITLE ☐ DeleteTITLE ☐ DeleteTITLE ☐ DeleteTITLE ☐ DeleteTITLE ☐ DeleteTITLE ☐ DeleteTITLE ☐ DeleteTITLE ☐ DeleteTITLE ☐ DeleteTITLE ☐ DeleteTITLE ☐ DeleteTITLE ☐ DeleteTITLE ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ AdditionTITLE ☐ Change ☐ AdditionTITLE ☐ Change ☐ AdditionTITLE ☐ Change ☒ Addition
CHRISTOPHER M. LANG
18305 CYPRESS VIEW WAY
TAMPA, FL 33647TITLE ☐ Change ☐ AdditionTITLE ☐ Change ☐ AdditionTITLE ☐ Change ☐ AdditionTITLE ☐ Change ☐ AdditionTITLE ☐ Change ☐ AdditionTITLE ☐ Change ☐ AdditionTITLE ☐ Change ☐ AdditionTITLE ☐ Change ☐ AdditionTITLE ☐ Change ☐ AdditionTITLE ☐ Change ☐ AdditionTITLE ☐ Change ☐ AdditionTITLE ☐ Change ☐ AdditionTITLE ☐ Change ☐ AdditionTITLE ☐ Change ☐ AdditionTITLE ☐ Change ☐ AdditionTITLE ☐ Change ☐ AdditionTITLE ☐ Change ☐ AdditionTITLE ☐ Change ☐ AdditionTITLE ☐ Change ☐ AdditionTITLE ☐ Change ☐ AdditionTITLE ☐ Change ☐ AdditionTITLE ☐ Change ☐ AdditionTITLE ☐ Change ☐ AdditionTITLE ☐ Change ☐ AdditionTITLE ☐ Change ☐ AdditionTITLE ☐ Change ☐ AdditionTITLE ☐ Change ☐ AdditionTITLE ☐ Change ☐ Addition

CR2E034 (10/00)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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

Christopher M. Lang

Date

Daytime Phone #

1/18/01 813-612-2920