

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2002 8:00 am
Secretary of State

01-16-2002 90035 027 ***150.00

DOCUMENT # P99000063100

1. Entity Name

BAY AREA RESEARCH, MARKETING & INVESTMENT SERVICES, INC.

Principal Place of Business

**18305 CYPRESS VIEW WAY
TAMPA FL 33647**

Mailing Address

**18305 CYPRESS VIEW WAY
TAMPA FL 33647**

2. Principal Place of Business

**5118 North 56th Street
Suite # 113**

3. Mailing Address

SAME
Suite, Apt. #, etc.

City & State
Tampa, Florida

City & State

Zip
33610

Country
USA

Zip

Country

4. FEI Number

59-3595057

Applied For

Not Applicable

5. 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, 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
LANG, ROBERT A
STREET ADDRESS
814 GASCON PLACE
CITY-ST-ZIP
TEMPLE TERRACE FL 33617

TITLE
PD ☒ Delete
NAME
LANG, CHRISTOPHER M
STREET ADDRESS
18305 CYPRESS VIEW WAY
CITY-ST-ZIP
TAMPA FL 33647

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME ☐ Change ☒ Addition
STREET ADDRESS
Kimberly D. Lang
President, Director
5118 North 56th Street, Suite 113
Tampa, FL 33610
CITY-ST-ZIP

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

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

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

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

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

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

Date

Daytime Phone #

Jan 7, 2002

813-956-1634

CR2E034 (9/01)