

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000073791****1. Entity Name**
B S & ASSOCIATES OF TAMPA, INC.**FILED**
Mar 20, 2001 8:00 am
Secretary of State

03-20-2001 90005 012 ***150.00

Principal Place of Business
13620 LAKE MAGDALENE BOULEVARD
NO.104
TAMPA FL 33618**Mailing Address**
13620 LAKE MAGDALENE BOULEVARD
NO.104
TAMPA FL 33618

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3594914**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****DALY, BEVERLY M**
13620 LAKE MAGDALENE BOULEVARD
NO.104
TAMPA FL 33618

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** _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____
Signature, typed or printed name of registered agent and title if applicable.**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 State**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	DV	<input type="checkbox"/> Delete
NAME	DALY, BEVERLY M	
STREET ADDRESS	13620 LAKE MAGDALENE BOULEVARD #104	
CITY-ST-ZIP	TAMPA FL 33618	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DP	<input type="checkbox"/> Delete
NAME	SANDEFER, EDWARD R	
STREET ADDRESS	3015 PEACOCK LANE	
CITY-ST-ZIP	TAMPA FL 33618	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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NAME		
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:** *Beverly M Daly*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
BEVERLY M. DALY, V.PRES.*3/16/01* *813-969-2255*
Date **Daytime Phone #**

CR2E034 (10/00)