

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90083 011 ***150.00

DOCUMENT # P990000077028
1. Entity Name
BAY AREA CTI ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
12508 Starkey Rd.
Suite, Apt. #, etc.

3. Mailing Address
-same-
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Large
Zip
33773
Country
Pinellas

City & State
FL
Zip
33773
Country
Pinellas

4. FEI Number
59-3630888

Applied For
Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current 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)

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Tony Herrell
1010 Jungle Ave No. 110
St. Pete, FL 33710

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice President
Tina Herrell
1010 Jungle Ave No. 110
St. Pete, FL 33710

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address with all other like empowered.

SIGNATURE: Tina Herrell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/02 727-345-5622

Date

Daytime Phone #

CR2E034B (12/01)