

2000 UNIFORM BUSINESS REPORT (UBR)

5/5/00-90058-007-\$150.00-\$150.00

DOCUMENT # P99000083388

1. Entity Name
BAY AREA CONTRACTING, INC.

FILED

00 JUN -9 PM 1:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
13416 BELLINGHAM DR.
TAMPA FL 33625

Mailing Address
13416 BELLINGHAM DR.
TAMPA FL 33625-4063

13416 Bellingham Dr.

2. Principal Place of Business
TAMPA, FLORIDA
Suite, Apt. #, etc.
33625

3. Mailing Address
(Same)
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Zip
Country

4. FEI Number
59-3602538
Applied For
Not Applicable
5. Certificate of Status Desired
\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
THOMPSON, RODERICK
13416 BELLINGHAM DR.
TAMPA FL 33625

7. Name and Address of New Registered Agent
Name
(Same)
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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PROS RODERICK THOMPSON 13416 Bellingham Dr TAMPA, FL 33625	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP RODERICK W THOMPSON 13416 BELLINGHAM DR TAMPA, FL 33625	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SEC. RODERICK W THOMPSON 13416 BELLINGHAM DR. TAMPA, FL 33625	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TREAS RODERICK W THOMPSON 13416 BELLINGHAM DR. TAMPA, FL 33625	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete

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

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: *Roderick W Thompson* Roderick W Thompson 4.25.00 813.9089140
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)