

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000090806

1. Entity Name

BAYNET SOLUTIONS, INC.

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90074 036 ***150.00

Principal Place of Business

Mailing Address

PO BOX 46637
TAMPA FL 33647

PO BOX 46637
TAMPA FL 33647-0106

2. Principal Place of Business

28641 Hanging Moss Loop
Suite, Apt. #, etc.

3. Mailing Address

PO Box 46637
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Wesley Chapel, FL

City & State

Tampa, Florida

4. FEI Number

59-3602817

Applied For

Not Applicable

Zip

33543

Country

US

Zip

33647

Country

USA

5. Certificate of Status Desired.

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ACCOUNTING & TAX HELP, INC.
8668 PARK BLVD., SUITE A
SEMINOLE FL 33777

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

3-27-2000

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

TITLE	D	<input type="checkbox"/> Delete
NAME	LOTT, ROBERT W	
STREET ADDRESS	28641 HANGING MOSS LOOP	
CITY-ST-ZIP	WESLEY CHAPEL FL 33543	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-27-2000

Date

(813) 301-8813

Daytime Phone #

01/14/1999