

# 2001 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** P990000090806

1. Entity Name  
**BAYNET SOLUTIONS, INC.**

|                                                                                                 |                                                                  |
|-------------------------------------------------------------------------------------------------|------------------------------------------------------------------|
| Principal Place of Business<br><b>28641 HANGING MOSS LOOP<br/>WESLEY CHAPEL FL 33543<br/>US</b> | Mailing Address<br><b>PO BOX 46637<br/>TAMPA FL 33647<br/>US</b> |
|-------------------------------------------------------------------------------------------------|------------------------------------------------------------------|

|                                                                                          |                                                                              |
|------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.<br><br>City & State<br><br>Zip | 3. Mailing Address<br><br>Suite, Apt. #, etc.<br><br>City & State<br><br>Zip |
|------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|

6. Name and Address of Current Registered Agent

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

**REINSTATEMENT**

4. FEI Number **59-3602817**

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

7. Name and Address of New Registered Agent

Name **JOSEPH E. VALZ**  
Street Address (P.O. Box Number is Not Acceptable)  
**710 94TH AVE NW #302**  
City **ST. PETERSBURG** FL Zip Code **33702**

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 *Joseph E. Valz* DATE **10-9-01**

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>LOTT, ROBERT W<br/>28641 HANGING MOSS LOOP<br/>WESLEY CHAPEL FL 33543</b> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>700004721287-86<br/>-12/12/01--01081--021<br/>****750.00 ****750.00<br/>LS</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Joseph E. Valz* DATE **9-30-01** (813) 301-9843

**FILED**  
**01 NOV 19 PM 3:34**  
**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



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CR2E034 (5/01)