2002

~~2000~~ UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State
03-25-2002 90029 020 ***150.00

DOCUMENT # P99000106250

1. Entity Name

BAY CITY SERVICES, INC.

Principal Place of Business	Mailing Address
1650 SOUTH DIXIE HIGHWAY SUITE 403 BOCA RATON FL 33432	1650 SOUTH DIXIE HIGHWAY SUITE 403 BOCA RATON FL 33432

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0990785 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

COHEN, PATRICIA V ESQ.
1650 SOUTH DIXIE HIGHWAY
SUITE 403
BOCA RATON FL 33432

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

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

[illegible] FEE IS $150.00 [illegible] Fee will be $550.00 [illegible] 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	PSTD COHEN, PATRICIA 1650 SOUTH DIXIE HIGHWAY, SUITE 403 BOCA RATON FL 33432	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		
TITLE / 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.

Linda Stein   Pres.   2/23/02