

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State
 05-20-2002 90305 039 ***150.00

0040512 AV

DOCUMENT # V29110

1. Entity Name
BAY WEST APPRAISALS, INC.

Principal Place of Business
**5915-L MEMORIAL HWY
 TAMPA FL 33615
 US**

Mailing Address
**P O BOX 263386
 TAMPA FL 33685
 US**



2. Principal Place of Business
**10115 Montague St
 Suite, Apt. #, etc.**

3. Mailing Address
**10115 Montague St.
 Suite, Apt. #, etc.**

City & State
Tampa FL

Zip
33626

Country
Hillsborough

4. FEI Number **59-3119118**

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**KROMER, JOHN L. JR
 5807 CAY COVE COURT
 TAMPA FL 33615**

7. Name and Address of New Registered Agent
**Kromer, John L JR
 Street Address (P.O. Box Number is Not Acceptable)
 10317 Green Links Dr
 City **Tampa FL FL** Zip Code **33626****

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, 2002 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	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KROMER, JOHN L. JR		NAME		
STREET ADDRESS	5807 CAY COVE CT		STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33615		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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

Date **4/29/2002** Daytime Phone # **813-926-8005**

CR2E034 (9/01)