

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 742940

FILED  
Apr 30, 2002 8:00 AM  
Secretary of State

Entity Name: BAY POINT FACILITIES, INC.

## Current Principal Place of Business:

632 BAY POINT BLVD  
MILTON, FL 32583

## New Principal Place of Business:

## Current Mailing Address:

632 BAY POINT BLVD  
MILTON, FL 32583

## New Mailing Address:

FEI Number: 59-1964725

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BANKES, DEBRA L  
639 BAY POINT BLVD  
MILTON, FL 32583

## Name and Address of New Registered Agent:

PRICE, LAWRENCE A  
629 BAY POINT BLVD  
MILTON, FL 32583

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: LAWRENCE A PRICE

04/30/2002

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: JOHNSON, RALPH S  
Address: 629 BAY PT BLVD  
City-St-Zip: MILTON, FL 32583

Title: V ( ) Delete  
Name: MORGAN, LESTER  
Address: 623 BAY PT BLVD  
City-St-Zip: MILTON, FL 32583

Title: TD ( ) Delete  
Name: BANKES, DEBRA L  
Address: 639 BAY POINT BLVD  
City-St-Zip: MILTON, FL 32583

Title: SD ( ) Delete  
Name: FAIRFIELD, JEAN E  
Address: 2050 BAY PT BLVD  
City-St-Zip: MILTON, FL 32583

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: FAIRFIELD, R E  
Address: 2050 BAY PT BLVD  
City-St-Zip: MILTON, FL 32583

Title: VD (X) Change ( ) Addition  
Name: TURNER, G M  
Address: 637 BAY PT BLVD  
City-St-Zip: MILTON, FL 32583

Title: TD (X) Change ( ) Addition  
Name: PRICE, LAWRENCE A  
Address: 629 BAY POINT BLVD  
City-St-Zip: MILTON, FL 32583

Title: S (X) Change ( ) Addition  
Name: ALBRITTON, C  
Address: 631 BAY PT BLVD  
City-St-Zip: MILTON, FL 32583

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GEORGE M. TURNER

VD

04/30/2002

Electronic Signature of Signing Officer or Director

Date