

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90230 025 ***150.00

DOCUMENT # K81001

1. Entity Name
BAY AIRCRAFT OWNERS, INC.

Principal Place of Business 218 WOODLAWN DRIVE PANAMA CITY BEACH FL 32407 US	Mailing Address 218 WOODLAND DRIVE PANAMA CITY BEACH FL 32407 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-2995773		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
BROWN, JOSEPH M. 218 WOODLAWN DRIVE PANAMA CITY BEACH FL 32407				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 _____ (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) <input type="checkbox"/>	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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEAL, J.W.		NAME		
STREET ADDRESS	4122 MARLIN STREET		STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY BEACH FL 32408		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, JOSEPH M.		NAME		
STREET ADDRESS	218 WOODLAWN DR.		STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY BEACH FL 32407		CITY-ST-ZIP		
TITLE	DV	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRUCE, WILLIAM GREGORY		NAME	BRUCE, WILLIAM GREGORY	
STREET ADDRESS	520 N. MACARTHUR AVE.		STREET ADDRESS	520 N MACARTHUR AVE	
CITY-ST-ZIP	PANAMA CITY FL		CITY-ST-ZIP	PANAMA CITY, FL	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SAINT JOHN-BROWN, TONY		NAME	BOBBY STARK	
STREET ADDRESS	1449 JENKS AVE.		STREET ADDRESS	9532 MILL BOARD ROAD	
CITY-ST-ZIP	PANAMA CITY FL		CITY-ST-ZIP	PANAMA CITY, FLORIDA	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRIGMAN, M.P.		NAME		
STREET ADDRESS	P.O. BOX 26/ NA		STREET ADDRESS		
CITY-ST-ZIP	LYNN HAVEN FL 32444		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	ROBERTS, DONALD W	
STREET ADDRESS			STREET ADDRESS	7337 RODRIGAS DRIVE	
CITY-ST-ZIP			CITY-ST-ZIP	CALLAWAY, FL	

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: Joseph M. Brown *Joseph M. Brown* 01-08-00 (860) 234-3886

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)