2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P97000004326**

1. Entity Name

Secretary of State BAY ADVERTISING & GRAPHICS, INC. 02-02-2000 90001 015 ***150.00 Principal Place of Business Mailing Address 9217 FRONT BEACH ROAD 9317 FRONT BEACH ROAD P.O. BOX 9434 P.O. BOX 9434 B0006736 PANAMA CITY BEACH FL 32417-9434 PANAMA CITY BEACH FL 32417-9434 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3417287 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SHERMAN, RICHARD M., Street Address (P.O. Box Number is Not Acceptable) 8317 FRONT BEACH ROAD PANAMA COTY BEACH FL 32407 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, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. TITLE Richard M Sherman RD TITLE ☐ Delete NAME SHERMAN, RICHARD M NAME STREET ADDRESS STREET ADDRESS **5620 PINETREE AVE** Panama City BCN. FL CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY BEACH FL 32408 ☐ Change TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS 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 other like empowered. SIGNATURE:

FILED Feb 02, 2000 8:00 am