

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 222293

1. Entity Name

BAY LANDS INC OF PANAMA CITY

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90023 012 ***150.00

Principal Place of Business Mailing Address
 808 HARMON AVE. 808 HARMON AVE.
 P.O. BOX 107 P.O. BOX 107
 PANAMA CITY FL 32402 PANAMA CITY FLA 32402-0107

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 59-6058441
 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
 MCQUAGGE, WM. DUNCAN
 403 HWY. 2297
 PANAMA CITY FL 32402

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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, 2000 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

TITLE	SD	☐ Delete
NAME	MCQUAGGE, MARJORIE D	
STREET ADDRESS	808 HARMON AVE.,	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	P	☐ Delete
NAME	MCQUAGGE, WM.DUNCAN	
STREET ADDRESS	403 HWY. 2297	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
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.

SIGNATURE: *Wm. Duncan McQuagge*
 Wm. DUNCAN McQuagge

4/30/2000 (850) 763-4121
 Date Daytime Phone #

CR2E034 (9/99)