

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2002 8:00 am
Secretary of State

02-10-2002 90039 039 ***150.00

DOCUMENT # 372446
 1. Entity Name
ST. ANDREW BAY REAL ESTATE, INC.

Principal Place of Business: **111 W 23 ST PANAMA CITY FL 32405-4504**
 Mailing Address: **111 W 23 ST PANAMA CITY FL 32405-4504**

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.
 City & State

4. FEI Number **59-1362034** Applied For Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
TIMMINS, STANLEY
4626 BAYWOOD DR.
LYNN HAVEN FL 32444

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, 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	TIMMINS, STANLEY	
STREET ADDRESS	4626 BAYWOOD DR.	
CITY-ST-ZIP	LYNN HAVEN FL	
TITLE	TS	<input type="checkbox"/> Delete
NAME	RHODES, ROGER T.	
STREET ADDRESS	106 CHELSEA LANE	
CITY-ST-ZIP	LYNN HAVEN FL 32444	
TITLE	V	<input type="checkbox"/> Delete
NAME	MCCOY, ELKE	
STREET ADDRESS	100 CHERRY ST APT 801	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	COUNTS, STEVEN G	
STREET ADDRESS	3729 MARINER DRIVE	
CITY-ST-ZIP	PANAMA CITY BCH FL 32408	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Stanley Timmins*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **1-15-02** Daytime Phone #: **850-265-3922**

CR2E034 (9/01)