

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 478118

1. Entity Name
EAST BAY MANAGEMENT, INC.

Principal Place of Business

6900 W. FAIRFIELD DRIVE
P.O. BOX 16606
PENSACOLA FL 32506

Mailing Address

6900 W. FAIRFIELD DRIVE
P.O. BOX 16606
PENSACOLA FL 32506
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

HOBBS, C. A. JR.,
6900 W. FAIRFIELD DRIVE
PENSACOLA FL 32506

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back)

10. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	STD
NAME	HOBBS, LAURICE G.
STREET ADDRESS	6900 W. FAIRFIELD DR
CITY-ST-ZIP	PENSACOLA FL
TITLE	DP
NAME	HOBBS, C.A.
STREET ADDRESS	6900 W. FAIRFIELD DR
CITY-ST-ZIP	PENSACOLA FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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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:

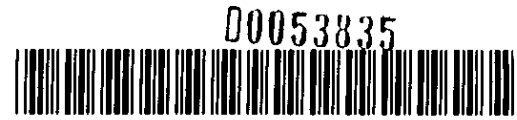
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91334 035 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE
Applied For
Not Applicable

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

CR2E034 (10/00)