

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2001 8:00 am
Secretary of State

02-20-2001 90019 010 ****61.25

DOCUMENT # 765030

1. Entity Name

MARTIN BAYOU MANAGEMENT CORPORATION

Principal Place of Business

4820 N. LAKEWOOD DR.
 PANAMA CITY FL 32404
 US

Mailing Address

4820 N. LAKEWOOD DR
 PANAMA CITY FL 32404
 US

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

06-0416470

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

SMITH, MICHAEL D
842 MILES DRIVE
CALLAWAY FL 32404

7. Name and Address of New Registered Agent

Name **John H. Donlon**

Street Address (P.O. Box Number is Not Acceptable)
1304 Fairland Ave

City **Panama City**

FL

Zip Code
32401

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.

John H. Donlon CD

John H. Donlon

1-18-01

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD SMITH, MICHAEL D 842 MILES DRIVE CALLAWAY FL 32404	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DESIENO, CARL 4920 BERNEY AVE PARKER FL 32404	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FRADETTE, RAYMOND 620 ARROW ST PARKER FL 32404	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WISNESKI, EDWARD 4627 MEADOW ST PARKER FL 32404	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHARETTE, RUDOLPH 622 GEORGIA AVE CALLAWAY FL 32404	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHN, E. THOMAS JR 2908 HARRISON AVE, APT G PANAMA CITY FL 32405	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD John H Donlon 1304 Fairland Ave Panama City, FL 32401	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Robert J. Long Jr. 2500 West 9th Street Panama City, FL 32401	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bao Vu Nguyen 916 East Ave Panama City, FL 32401	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

John H. Donlon
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-18-01

850-769-6667

CR2E037 (10/00)