

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F43483

1. Entity Name

BAY LINCOLN MERCURY DODGE, INC.

**FILED**  
**Mar 03, 2000 8:00 am**  
**Secretary of State**

03-03-2000 90251 018 \*\*\*150.00

Principal Place of Business

Mailing Address

% EDWARD L. DARNELL  
 641 WEST 15TH STREET  
 PANAMA CITY FL 32401  
 US

% EDWARD L. DARNELL  
 641 WEST 15TH STREET  
 PANAMA CITY FL 32401-2236  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

EDWARD L. DARNELL

130 DOLPHIN POINTE RD

NICEVILLE FL

32578

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2129468

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DARNELL, EDWARD L.  
 6323 THOMAS DR #1101  
 PANAMA CITY BEACH FL 32407

Name

EDWARD L. DARNELL

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

130 DOLPHIN POINTE ROAD

City

NICEVILLE

FL

Zip Code

32578

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VCD	<input type="checkbox"/> Delete
NAME	HILTON, L. CHARLES, JR.	
STREET ADDRESS	BAY WEST ESTATES	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	DARNELL, ED	
STREET ADDRESS	6323 THOMAS DRIVE, UNIT #1101	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	TREXLER, CURTIS	
STREET ADDRESS	4031 MARY LOUISE DRIVE	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PRES.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDWARD L. DARNELL	
STREET ADDRESS	130 DOLPHIN POINTE RD.	
CITY-ST-ZIP	NICEVILLE FL 32578	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)