

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F77140

1. Entity Name
BAY BUILDING SUPPLY, INC.

Principal Place of Business

3215 HWY 77
PANAMA FL 32405

Mailing Address

P. O. BOX 773
LYNN HAVEN FL 32444

2. Principal Place of Business

214 33rd PLACE

3. Mailing Address

Suite, Apt. #, etc.

City & State

PANAMA CITY, FL

City & State

Zip

Country

32405

USA

Zip

Country

4. FEI Number

59-2200079

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

HOSKINS, EARL E.
214 33RD PLACE
PANAMA CITY FL 32405

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.

(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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 DP
NAME HOSKINS, EARL E
STREET ADDRESS 214 33RD PLACE
CITY-ST-ZIP PANAMA CITY FL

☐ Delete

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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 #



DO NOT WRITE IN THIS SPACE

CR2E034 (5/00)