

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **G23185**

1. Entity Name

**BAYCO DEVELOPMENT COMPANY**

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

05-02-2000 90128 007 \*\*\*150.00

Principal Place of Business

Mailing Address

% MARY SITTMAN  
516 BUNKERS COVE RD  
PANAMA CITY FL 32401

% MARY SITTMAN  
516 BUNKERS COVE RD  
PANAMA CITY FL 32401-3916

2. Principal Place of Business

3. Mailing Address

*P.O. Box 1669*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

*Panama City, FL*

Zip

Country

*32402*

Country

4. FEI Number

**59-2320652**

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

SITTMAN, MARY  
516 BUNKERS COVE RD  
PANAMA CITY FL 32401

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 \$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	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	PD			<input type="checkbox"/>	<input type="checkbox"/>
	SITTMAN, MARY	516 BUNKERS COVE RD	PANAMA CITY FL		
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

*Mary Sittman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4-25-00*  
Date

*850785-7759*  
Daytime Phone #

CR2E034 (9/93)