2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # H84507** Mar 04, 2000 8:00 am 1. Entity Name Secretary of State BAY TANK & FABRICATING CO., INC. 03-04-2000 90081 003 ***150.00 Principal Place of Business Mailing Address 1810 INDUSTRIAL DR 1810 INDUSTRIAL DR P.O. BOX 2418 P.O. BOX 2418 PANAMA CITY FL 32402-2418 PANAMA CITY FL 32402 $\mathbf{U} \Leftrightarrow \mathbf{V} \mathbf{I} \mathbf{v} \vee$ 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2606328 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DIANE Hare, CPA Street Address (P.O. Box Number is Not Acceptable) BLUE, ROB JR. 303 MAGNOLIA AVENUE PANAMA CITY FL 32401 2سا لو 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. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. TITLE ☐ Delete TITLE Addition WYATT, TERRANCE B. NAME STREET ADDRESS STREET ADDRESS 2804 STANFORD RD CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY FL Addition ☐ Delete TITLE ☐ Change TITLE DANTZLER, LORENZO NAME NAME STREET ADDRESS STREET ADDRESS **ROUTE 4 BOX 615** CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY FL ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition ☐ Delete Change TITLE STREET ADDRESS 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