

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K17004

1. Entity Name

BAY FABRICATION, INC.

FILED
Aug 11, 2000 8:00 am
Secretary of State

08-11-2000 90002 011 ***558.75

Principal Place of Business

125 W ROMANA ST
SUITE ~~222~~ 224
PENSACOLA FL 32501
US

Mailing Address

125 W ROMANA ST
SUITE ~~222~~ 224
PENSACOLA FL 32501
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite 224

Suite, Apt. #, etc.

Suite 224

City & State

City & State

4. FEI Number

59-2888500

Applied For

Not Applicable

Zip

Country

Zip

Country

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

LOZIER, DANIEL R.
125 W ROMANA ST SUITE ~~222~~ 224
~~SUITE 224, BOUNTY BUILDING~~
PENSACOLA FL 32501

Name

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

Suite 224

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
NAME
STREET ADDRESS
CITY-ST-ZIP
P
D'ISERNIA, BRIAN
2200 NELSON ST
PANAMA CITY FL

☐ Delete

TITLE
NAME
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☐ Change ☐ Addition

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] REQUIRE REPAIR 0 1/2 in 1/2

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8/11/00

Daytime Phone #

850 763-1900

CR2E034 (5/00)