

2001 UNIFORM BUSINESS REPORT (UBR)

0024327 AF

DOCUMENT # L00000002480

1. Entity Name
BAY TILE, LLC

FILED

01 MAR -9 AM 10:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2810-B HWY 77
PANAMA CITY FL 32405

Mailing Address
2810-B HWY 77
PANAMA CITY FL 32405



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2810 B Hwy 77
Suite, Apt. #, etc.

3. Mailing Address
2810 B Hwy 77
Suite, Apt. #, etc.

City & State
Panama City FL
Zip 32405 Country US

City & State
Panama City FL
Zip 32405 Country US

4. FEI Number
59-3627999

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

THOMPSON, JASON D
2810-B HWY 77
PANAMA CITY FL 32405

7. Name and Address of New Registered Agent

Name
Melissa Thompson
Street Address (P.O. Box Number is Not Acceptable)
2810B Hwy 77
Panama City FL Zip Code 32405

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 *Melissa Thompson*
Signature, typed or printed name of registered agent and title if applicable.

03/08/01
DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

600003891256--8
-03/21/01--01107--024
*****50.00 *****50.00

9. MANAGING MEMBERS / MEMBERS

TITLE
NAME Jason Thompson - President ☐ Delete
STREET ADDRESS
CITY-ST-ZIP 918 Rosemont Dr
Panama City, FL 32405

TITLE
NAME Melissa Thompson Sec/ Treas ☐ Delete
STREET ADDRESS
CITY-ST-ZIP 918 Rosemont Dr.
Panama City FL 32405

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Melissa Thompson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

03/08/01
Date

850 785-8453
Daytime Phone #

CR2E083 (11/00)