

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90203 039 ****50.00

DOCUMENT # L00000002480

1. Entity Name

BAY TILE, LLC

Principal Place of Business

**2810-B HWY 77
 PANAMA CITY FL 32405**

Mailing Address

**2810-B HWY 77
 PANAMA CITY FL 32405**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite D

P.O. Box 15848

City & State

City & State

Eastport FL

Panama City FL

Zip

Zip

32328

32406-5848

Country

Country

USA

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THOMPSON, MELISSA
 2810-B HWY 77
 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

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **P** ☐ Delete
 NAME **THOMPSON, JASON**
 STREET ADDRESS **918 ROSEMONT DR**
 CITY-ST-ZIP **PANAMA CITY FL 32405**

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

TITLE **ST** ☐ Delete
 NAME **THOMPSON, MELISSA**
 STREET ADDRESS **918 ROSEMONT DR**
 CITY-ST-ZIP **PANAMA CITY FL 32405**

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

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

01/25/02 8508721629

CR2E083 (9/01)