

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000006564

1. Entity Name
BAY TRADING COMPANY, L.L.C.

Principal Place of Business
5901-C PEACHTREE DUNWOODY ROAD
SUITE 445
ATLANTA GA 30328

Mailing Address
5901-C PEACHTREE DUNWOODY ROAD
SUITE 445
ATLANTA GA 30328

FILED

01 APR 30 PM 6:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

5901-C PEACHTREE DUNWOODY RD

Suite, Apt. #, etc.
SUITE 485

City & State
ATLANTA GA

Zip
30328

3. Mailing Address

5901-C PEACHTREE DUNWOODY RD

Suite, Apt. #, etc.
SUITE 485

City & State
ATLANTA GA

Zip
30328

DO NOT WRITE IN THIS SPACE

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WALTERS, ELIZABETH J ESQ
BURKE & BLUE PA
221 MCKENZIE AVE
PANAMA CITY FL 32401

7. Name and Address of New Registered Agent

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

9. MANAGING MEMBERS/MEMBERS

TITLE MGRM
NAME HITSON, WILLIAM M
STREET ADDRESS 5901-C PEACHTREE DUNWOODY ROAD SUITE 445
CITY-ST-ZIP ATLANTA GA 30328

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CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS 5901-C PEACHTREE DUNWOODY RD, SUITE 485
CITY-ST-ZIP ATLANTA, GA, 30328

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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: *William M. Hitson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/27/01 (770)668-1301
Date Daytime Phone #

0024007 AF

CR2E083 (11/00)