

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000007003

1. Entity Name

BAY COUNTY ENTERPRISES, L.L.C.

Principal Place of Business

520 COMMERCE DR.
PANAMA CITY FL 32408

Mailing Address

P.O. BOX 27879
PANAMA CITY FL 32411-7879

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3603701

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NANCY RUSSELL AMIS
520 COMMERCE DR.
PANAMA CITY FL 32408

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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	MGRM	B. JEFFERSON RUSSELL	P.O. BOX 27879 PANAMA CITY FL 32411-7879				
	MGRM	MELISSA GUEST RUSSELL	P.O. BOX 27879 PANAMA CITY FL 32411-7879				
	MGRM	NANCY RUSSELL AMIS	P.O. BOX 27879 PANAMA CITY FL 32411-7879				
	MGRM	R. WILLIAMS AMIS	P.O. BOX 27879 PANAMA CITY FL 32411-7879				

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:

Nancy Russell Amis Managing Member, 5/1/02 (770) 447-9490

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

Date

Daytime Phone #

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90200 005 ****50.00

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DO NOT WRITE IN THIS SPACE

CR2E083 (9/01)