

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N42280

1. Entity Name

BAY COUNTY SMALL BUSINESS INCUBATOR, INC.

FILED

Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90028 047 ****61.25

Principal Place of Business

2500 MINNESOTA AVE.
LYNN HAVEN FL 32444
US

Mailing Address

2500 MINNESOTA AVE.
LYNN HAVEN FL 32444
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3073391

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BABER, LEWIS E.
2500 MINNESOTA AVENUE
LYNN HAVEN FL 32444

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	HAMM, JACK	
STREET ADDRESS	11 PANAMA CITY MARINA	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CLEMONS, GIRARD, JR.	
STREET ADDRESS	438 COVE BLVD.	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BABER, LEWIS E	
STREET ADDRESS	2500 MINNESOTA AVE	
CITY-ST-ZIP	LYNN HAVEN FL 32444	
TITLE	DT	<input type="checkbox"/> Delete
NAME	JINKS, RUSSELL	
STREET ADDRESS	509 HARRISON AVE SUITE 206	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	DAVIS, DOUG	
STREET ADDRESS	2500 MINNESOTA AVE.	
CITY-ST-ZIP	LYNN HAVEN FL 32444	
TITLE	D	<input type="checkbox"/> Delete
NAME	DARRAH, JOHN	
STREET ADDRESS	227 HARRISON AVENUE	
CITY-ST-ZIP	PANAMA CITY FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOUG DAVIS Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/02

Date

850-271-1108

Daytime Phone #

CR2E037 (9/01)