

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90100 013 ****61.25

DOCUMENT # N97000002021

1. Entity Name

BAY AICE PARENTS, INC.

Principal Place of Business

Mailing Address

**1200 HARRISON AVE.
 PANAMA CITY FL 32401**

**1200 HARRISON AVE.
 PANAMA CITY FL 32401**

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

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCCAULEY, CARROLL L
 38 OAK AVE.
 PANAMA CITY FL 32401**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **SD** ☒ Delete
 NAME **COLINS, ANNE**
 STREET ADDRESS **2505 W 9TH STREET**
 CITY-ST-ZIP **PANAMA CITY FL 32401**

TITLE **P/D** ☒ Change ☐ Addition
 NAME **Barbara B. Stein**
 STREET ADDRESS **3315 Harbour Place**
 CITY-ST-ZIP **Panama City FL 32405**

TITLE **TD** ☐ Delete
 NAME **MCQUAIG, CYNTHIA**
 STREET ADDRESS **2861 TUPELO DRIVE**
 CITY-ST-ZIP **PANAMA CITY FL 32405**

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

TITLE **SD** ☒ Delete
 NAME **ROCK, KIM**
 STREET ADDRESS **524 CHERRY STREET**
 CITY-ST-ZIP **PANAMA CITY FL 32401**

TITLE **S/D** ☒ Change ☐ Addition
 NAME **Kim Carroll**
 STREET ADDRESS **3311 S. Harbour Circle**
 CITY-ST-ZIP **Panama City FL 32405**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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 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:

Barbara B. Stein
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/02

(850) 785-0818

Date

Daytime Phone #

CR2E037 (9/01)