2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Jul 26, 2001 8:00 am **Secretary of State** DOCUMENT # P0000041147 1. Entity Name 06-19-2001 90010 020 ***150.00 BAY KWIK KERB, INC. 07-26-2001 90008 041 ***400.00 Principal Place of Business Mailing Address 240 HARMON AVE. POST OFFICE BOX 1325 APT 114) PANAMA CITY FL 32401 PANAMA CITY FL 32402 3. Mailing Address 2. Principal Place of Business Box P.O. 1325 Harman DO NOT WRITE IN THIS SPACE Suite. Apt. #. etc. Applied For City & State 4. FEI Number Panam FI Not Applicable ountry Gedintry Fee Required NZA USA 240 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Wh WHITFIELD, FREDDIE JR Street Address (P.O. Box Number is Not Acceptable) 240 HARMON AVE. APT 114 Hormo, las PANAMA CITY FL 32401 City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE ☐ Delete ☐ Change ☐ Addition WHITFIELD, FREDDIE J R. NAME NAME STREET ADDRESS 240 HARMON AVE. APT 114 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY FL 32401 TITLE ☐ Delete TITLE Change ☐ Addition MILLIRONS, PATRICK E R. NAME NAME STREET ADORESS STREET ADDRESS 1317 HICKORY AVENUE CITY-ST-ZIP CITY-ST-7IP PANAMA CITY FL 32401 ☐ Delete TITLE Change ☐ Addition NAME NAME. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP. -CITY-ST-ZIP.-TITLE Oelete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 exceiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

G OFFICER OR DIRECTOR

FILED

<u>850-785-5372</u>