

03 JUN 16 PM 3:06

DOCUMENT # P00000057145

100021269501

07/02/03--01030--006 **158.75

[illegible]☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☒ CHECK HERE IF MAKING CHANGES	
City & State		City & State		4. FEI Number ☒ Applied For ☐ Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired ☒ \$5.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

F. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code

6. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, number printed name of registered agent and title if applicable

NOTE: Registered Agents must be registered with the state.

QATC

2. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fee

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
10.1 NAME STREET ADDRESS CITY-ST-ZIP	P WRAY, AARON M 83 HIGHWAY 98 EASTPOINT, FL 32329	☐ Delete	11.1 NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
10.2 NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	11.2 NAME STREET ADDRESS CITY-ST-ZIP	Secretary Wray, Aaron 83 Highway 98 Eastpoint, FL 32329	☐ Change ☒ Addition
10.3 NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	11.3 NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
10.4 NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	11.4 NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
10.5 NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	11.5 NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
10.6 NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	11.6 NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
10.7 NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	11.7 NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
10.8 NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	11.8 NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied on this filing does not qualify for the exemption stated in Section 190.07(3)(b), Florida Statutes. I further certify that the information included on this report or supplemental report is true and accurate and that my signature, which has 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 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with it addressed, with all other the empowered.

SIGNATURE:

Laron Whay
DIRECTOR AND CHIEF OF POLICE DEPARTMENT OF BIRMINGHAM OFFICE OF THE DISTRICT

6/16/03 850 899-0117

Summary

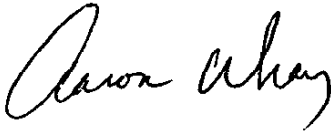
CPZEE04 (18/02)

Aaron's on the Bay Motel
83 U.S. Hwy 98
Eastpoint, Fl. 32328
(850)670-8182

To Whom It May Concern,

I am asking to waive the additional late fee of \$550 on my UBR form for Aaron's on the Bay Inc. As of June 12th, I have not received my form thru the mail and was informed that it was due by May 1st. Included with this letter is my UBR, document # P00000057145 as well as a check for \$150.

Thank you for your help



Aaron Wray

President
Aaron's on the Bay Motel

RECEIVED
03 JUN 16 PM 3:02
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA