

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 23, 2002 8:00 am**  
**Secretary of State**

01-23-2002 90012 006 \*\*\*150.00

**DOCUMENT # P00000076975**

1. Entity Name  
**BAY INTERIORS, INC.**

Principal Place of Business Mailing Address  
~~9970 U.S. HIGHWAY 98 WEST~~ P O BOX 1240  
~~DESTIN FL 32541~~ FT WALTON BEACH FL 32549



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address  
**800 N. BEAL PKWY**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
**FT. WALTON BEACH FL.**  
 Zip Country Zip Country  
**32547 OKA100SA**

4. FEI Number **59-3669188** 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**

**DEWRELL, CHARLES L**  
~~9970 U.S. HIGHWAY 98 WEST~~  
~~DESTIN FL 32541~~

Name **Charles L. Dewrell**  
 Street Address (P.O. Box Number is Not Acceptable)  
**800 N. BEAL PARKWAY**  
 City **FT. WALTON BEACH** FL Zip Code **32547**

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 *Charles L. Dewrell* **1/07/02**  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be  
 Added to Fees

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DEWRELL, CHARLES L</b> <b>143 LINSTEW DRIVE</b> <b>FORT WALTON BEACH FL 32548</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LOGSDON, MARDIA V</b> <b>207 YACHT CLUB DRIVE</b> <b>NICEVILLE FL 32578</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Charles L. Dewrell* **1/07/02** **850) 868-4407**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)