

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90331 005 ***150.00

DOCUMENT # P01000013929

1. Entity Name
BAY ENTERPRISES OF NW FLA, INC.

Principal Place of Business

166 WRIGHT CIRCLE
NICEVILLE FL 32578

Mailing Address

166 WRIGHT CIRCLE
NICEVILLE FL 32578



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

206 Doyce Dr.

Suite, Apt. #, etc.

3. Mailing Address

206 Doyce Dr.

Suite, Apt. #, etc.

City & State
Ft. Walton Bch, FL 32547

City & State
Ft. Walton Bch, FL 32547

4. FEI Number
59-3706345

Applied For
Not Applicable

Zip **Country**

Zip **Country**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BAY, JAMES E
166 WRIGHT CIRCLE
NICEVILLE FL 32578

7. Name and Address of New Registered Agent

Name
James E. Bay
Street Address (P.O. Box Number is Not Acceptable)
206 Doyce Dr.
Ft. Walton Beach, FL 32547
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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____
Signature, typed or printed name of registered agent and title if applicable.

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	BAY, JAMES E
STREET ADDRESS	166 WRIGHT CIRCLE
CITY-ST-ZIP	NICEVILLE FL 32578
TITLE	D <input type="checkbox"/> Delete
NAME	BAY, BETH A
STREET ADDRESS	166 WRIGHT CIRCLE
CITY-ST-ZIP	NICEVILLE FL 32578
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bay, James E.
STREET ADDRESS	206 Doyce Dr.
CITY-ST-ZIP	Ft. Walton Beach, FL 32547
TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bay, Beth A.
STREET ADDRESS	206 Doyce Dr.
CITY-ST-ZIP	Ft. Walton Beach, FL 32547
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	

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: *James E. Bay* **James E. Bay**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/02
Date

850-864-5296
Daytime Phone #

CR2E034 (9/01)