

**02 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

102

DOCUMENT # 101000069538

1. Entity Name
CAYE CONCEPTS P.A.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 FEB -4 PM 12:10

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2404 RUTH
~~5821 N. LAGOON DR. APT. 506~~

3. Mailing Address
5821 N. LAGOON DR

Suite, Apt. #, etc.
STE. B

Suite, Apt. #, etc.

City & State
PANAMA CITY, FL

City & State
PCB, FL

Zip
32405

Country
USA

Zip
32408

Country
USA

4. FEI Number
APPLIED FOR

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
JEFF BAKER

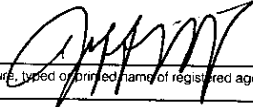
Street Address (P.O. Box Number is Not Acceptable)
5821 N. LAGOON DR.

City
PCB

FL

Zip Code
32408

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)

2/4/03

DATE

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
JEFF BAKER
5821 N. LAGOON DR.
PCB, FL 32408

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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02/04/03--01073--001 **150.00

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/03

Date

Daytime Phone #

CR2E034B (12/01)

2/4/03

292

I did not receive my 2002
uniform business report for
CAYE CONCEPTS, P.A.

[Signature]