

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000115876

1. Entity Name
BAY DOORS AND MORE, INC.

FILED

03 JAN -8 AM 8:30

Principal Place of Business
2912 BRIARCLIFF RD.
PANAMA CITY FL 32405

Mailing Address
2912 BRIARCLIFF RD.
PANAMA CITY FL 32405

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business
1833 East Ave.

3. Mailing Address
1833 East Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Panama City, Fl.

City & State
Panama City, Fl.

REINSTATEMENT 02-03
DO NOT WRITE IN THIS SPACE

Zip
32405

Country
USA

Zip
32405

Country
USA

4. FEI Number
26-0033910

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

TURNER, JOEY E
9012 AUGER AVE.
PORT ST. JOE FL 32456

Name

Street Address (P.O. Box Number is Not Acceptable)

800009495052
12/12/02--01124--006 **550.00

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

SIGNATURE *Joey E Turner*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

800009495052
01/08/03--01007--02100000

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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	D	<input checked="" type="checkbox"/> Delete
NAME	NOBLIN, WAYMON D	
STREET ADDRESS	2912 BRIARCLIFF RD.	
CITY-ST-ZIP	PANAMA CITY FL 32405	
TITLE	President	<input type="checkbox"/> Delete
NAME	Kelly Watson	
STREET ADDRESS	3872 County Rd 643	
CITY-ST-ZIP	Chancellor, AL 36316	
TITLE	Secretary	<input type="checkbox"/> Delete
NAME	Colleen Honto	
STREET ADDRESS	9904 Fox Chase Re.	
CITY-ST-ZIP	Panama City, Fl. 32409	
TITLE	Treasurer	<input type="checkbox"/> Delete
NAME	Jimmy Moore	
STREET ADDRESS	904 Greentree Rd.	
CITY-ST-ZIP	Panama City, Fl. 32401	
TITLE	Director	<input type="checkbox"/> Delete
NAME	Jason Dunning	
STREET ADDRESS	1303 7th St.	
CITY-ST-ZIP	Southport, Fl. 32409	
TITLE	Director	<input type="checkbox"/> Delete
NAME	Carlton Dunning	
STREET ADDRESS	1303 7th St.	
CITY-ST-ZIP	Southport, Fl. 32409	

TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sherwood Grant	
STREET ADDRESS	4129 Grady St.	
CITY-ST-ZIP	Brannonville, Fl. 32404	
TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	James P. Smith	
STREET ADDRESS	1836 East Ave. Lot 57	
CITY-ST-ZIP	Panama City, Fl. 32405	
TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Brandon Chai	
STREET ADDRESS	1309 S. Berthe	
CITY-ST-ZIP	Panama City, Fl. 32405	
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: *Colleen Honto* Colleen Honto 9-10-02 850-872-8127

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (4/02)