

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2001 8:00 am
Secretary of State

02-03-2001 90030 027 ***150.00

DOCUMENT # P93000012620

1. Entity Name

BAYTOWNE COMMERCIAL HOLDINGS, INC.

Principal Place of Business

% HOWARD GROUP
 630 GRAND BLVD., STE. 100
 DESTIN FL 32541
 US

Mailing Address

% HOWARD GROUP
 630 GRAND BLVD., STE. 100
 DESTIN FL 32541
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3277911**

Applied For
 Not Applicable

Zip

Country

Zip

Country

32550

32550

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

BLUE, ROB JR
630 GRAND BLVD SUITE 100
DESTIN FL 32541

Keith Howard

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

630 Grand Blvd, Suite 100

Destin

FL 32550

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

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

Keith Howard, President

1/24-01

(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, 2001 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 **D** ☐ Delete
 NAME **HOWARD, JAMES KEITH**
 STREET ADDRESS **630 GRAND BLVD., SUITE 100**
 CITY-ST-ZIP **DESTIN FL 32541**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Keith Howard

Date

Daytime Phone #

1/22-01 (850) 837-1886

CR2E034 (10/00)