## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # **P93000032012** May 15, 2000 8:00 am Secretary of State BAY CUSTOMIZED CONCRETE, INC. 05-15-2000 90304 045 \*\*\*150.00 Principal Place of Business Mailing Address 1200 JW HUNT BLVD., #7 1200 JW HUNT BLVD., #7 PANAMA CITY FL 32444-0387 PANAMA CITY FL 32404 2. Principal Place of Business ⊿78 Waveni DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State Applied For 4. FEI Number City & State 59-3182800 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent COBB, SHERRY R Box Number is Not Acceptable) 1200 JW HUNT BLVD., #7 PANAMA CITY FL 32404 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PTD TITLE Delete TITLE COBB, SHERRY R NAME NAME 1,928 Waverly st STREET ADDRESS STREET ADDRESS 1200 J W HUNT BLVD., #7 Youngstown Fr 32466 -E Change CITY-ST-ZIP CITY-ST-7IP PANAMA CITY FL **VPSD** TITLE ☐ Addition Delete TITLE COBB, ERVIN S NAME NAME 6928 Waverly st STREET ADORESS 1200 J W HUNT BLVD., #7 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP PANAMA CITY FL ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

SIGNATURE: