

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000002749

1. Entity Name

BAY MOBILE HOMES, INC.

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90037 039 ***150.00

Principal Place of Business

Mailing Address

6024 SUNSET AVE
 PANAMA CITY BEACH FL 32408
 US

PO BOX 18156
 PANAMA CITY BCH FL 32417-8156
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

821 Linda Ln.

3. Mailing Address

PO Box 18156

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Panama City Bch. FL

City & State

Panama City Bch. FL

4. FEI Number

59-3219051

Applied For

Not Applicable

Zip

32407

Country

Bay

Zip

32417

Country

Bay

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

ELLIS, SHIRLEY
 900 JENKS AVE
 PANAMA CITY FL 32401

Name Shirley Ellis

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

821 Linda Ln.

City Panama City Bch.

FL

Zip Code 32407

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.

(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, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing - ☐ \$5.00 - May Be
 Trust Fund Contribution. Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
 NAME ELLIS, SHIRLEY
 STREET ADDRESS 821 Linda Ln
 CITY-ST-ZIP PANAMA CITY FL PC Bch. FL 32407

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: Shirley Ellis DATE: 5-11-00 DAYTIME PHONE #: 850-230-1780
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR: E034 (9/99)