

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90149 020 ***150.00

DOCUMENT # P94000082283

1. Entity Name.....

BAY TRACTOR & EQUIPMENT, INC.

Principal Place of Business

~~320 COKER RD.~~
~~PANAMA CITY FL 32409~~

Mailing Address

~~320 COKER RD.~~
~~PANAMA CITY FL 32409~~

2. Principal Place of Business

1531 Everett Rd.
 Suite, Apt. #, etc.

3. Mailing Address

1531 Everett Rd.
 Suite, Apt. #, etc.

City & State

Chipley, Florida

Zip

32428

Country

~~UNITED STATES~~

City & State

Chipley, Florida

Zip

32428

Country

USA

4. FEI Number

65-0550148

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

TATE, CALVIN

~~320 COKER ROAD~~

~~PANAMA CITY FL 32409~~

7. Name and Address of New Registered Agent

Name

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

1531 Everett Rd.

City

Chipley

FL

Zip Code

32428

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, 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

TITLE	DP	<input type="checkbox"/> Delete
NAME	TATE, CALVIN	
STREET ADDRESS	320 COKER RD	
CITY-ST-ZIP	PANAMA CITY FL 32409	
TITLE	T	<input type="checkbox"/> Delete
NAME	TATE, WANDA	
STREET ADDRESS	320 COKER RD	
CITY-ST-ZIP	PANAMA CITY FL 32409	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<i>1531 Everett Rd.</i>
CITY-ST-ZIP	<i>Chipley, FL. 32428</i>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<i>1531 Everett Rd.</i>
CITY-ST-ZIP	<i>Chipley, FL. 32428</i>
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	
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:

Wanda Tate, WANDA TATE

1-16-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)