

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000021622

1. Entity Name

BAY BREEZE CONSTRUCTION, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90402 018 ***150.00

Principal Place of Business

Mailing Address

385 HIGHWAY 98 EAST
SUITE 102-B
DESTIN FL 32541
US

385 HWY 98 EAST
STE 102B
DESTIN FL 36536-1846
US

2. Principal Place of Business

3. Mailing Address

60 Gulfview Dr.
Suite, Apt. #, etc.

P.O. BOX 9746
Suite, Apt. #, etc.

City & State

City Beach, FL

City & State

Panama City Beach, FL

Zip

32413

Country

USA

Zip

32417

Country

USA

4. FEI Number

59-3320803

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

JONES, MICHAEL T
385 HIGHWAY 98 EAST, SUITE 102-B
DESTIN FL 32541

Name JONES, MICHAEL T
Street Address (P.O. Box Number is Not Acceptable)
60 GULFVIEW DR.
Panama City Beach, FL
City FL Zip Code 32413

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 Michael T Jones

(NOTE: Registered Agent signature required when reinstating)

DATE

4-24-00

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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	JONES, MICHAEL T	
STREET ADDRESS	138 GULFVIEW DR.	
CITY-ST-ZIP	PANAMA CITY BCH. FL 32413	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	JONES, RUFUS R	
STREET ADDRESS	3643 COURTNEY DRIVE	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32408	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Michael T Jones 4-24-00 (850) 819-7090

CR2E034 (9/99)