## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED May 15, 2000 8:00 am Secretary of State DOCUMENT # **P95000044576** 1. Entity Name MONARCH FAST BAY CO. 05-15-2000 90293 036 \*\*\*150.00 Principal Place of Business Mailing Address 12908 AIR WAY ST. 12908 AIR WAY ST. PANAMA CITY FL 32404-833 PANAMA CITY FL 32404-2833 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3338583 Not Applicable Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name YOUNG, JUDITH C Street Address (P.O. Box Number is Not Acceptable) 12908 AIR WAY ST. PANAMA CITY FL 32404-2833 Zip Code City FL 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Delete TITLE Change Addition TITLE YOUNG, DAVID F NAMÉ NAME STREET ADDRESS STREET ADDRESS 12908 AIR WAY ST. CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY FL 32404-2833 ☐ Delete ☐ Change ☐ Addition TITLE TITLE YOUNG, DAVID F. NAME NAME STREET ADDRESS 12908 AIR WAY ST. STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **PANAMA CITY FL 32404-2833** ☐ Change ☐ Addition ☐ Delete TITLE TITLE YOUNG. JUDITH C NAME NAME STREET ADDRESS 12908 AIR WAY ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY FL 32404-2833 ☐ Change Addition ☐ Delete TITLE TITLE HUGHEY, BONNIE J NAME STREET ADDRESS STREET ADDRESS 18495 S DIXIE HWY, B102 CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33157** ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TIT! F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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

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