

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000044576

1. Entity Name

MONARCH EAST BAY CO.

Principal Place of Business

12908 AIR WAY ST.
PANAMA CITY FL 32404-833
US

Mailing Address

12908 AIR WAY ST.
PANAMA CITY FL 32404-833
US

2. Principal Place of Business

16800 SW 96 CT

3. Mailing Address

18495 S. Dixie Hwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PMB 102

City & State
Miami, FL

City & State
Miami, FL

Zip
33157

Country
USA

Zip
33157

Country
USA

6. Name and Address of Current Registered Agent

YOUNG, JUDITH C
12908 AIR WAY ST.
PANAMA CITY FL 32404-2833

7. Name and Address of New Registered Agent

Name
Bonnie J. Hughey
Street Address (P.O. Box Number is Not Acceptable)
16800 SW 96 CT
City
Miami FL Zip Code
33157

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 *Bonnie J. Hughey*
Signature, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating)

4-25-01
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	D	<input checked="" type="checkbox"/> Delete
NAME	YOUNG, DAVID F	
STREET ADDRESS	12908 AIR WAY ST.	
CITY-ST-ZIP	PANAMA CITY FL 32404-2833	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	YOUNG, DAVID F.	
STREET ADDRESS	12908 AIR WAY ST.	
CITY-ST-ZIP	PANAMA CITY FL 32404-2833	
TITLE	VS	<input checked="" type="checkbox"/> Delete
NAME	YOUNG, JUDITH C	
STREET ADDRESS	12908 AIR WAY ST.	
CITY-ST-ZIP	PANAMA CITY FL 32404-2833	
TITLE	VT	<input checked="" type="checkbox"/> Delete
NAME	HUGHEY, BONNIE J	
STREET ADDRESS	18495 S DIXIE HWY, 8102	
CITY-ST-ZIP	MIAMI FL 33157	
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	DPVST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bonnie J. Hughey	
STREET ADDRESS	16800 SW 96 CT	
CITY-ST-ZIP	Miami, FL 33157	
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: *Bonnie J. Hughey*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bonnie J. Hughey

Date

4-25-01

Daytime Phone #

(305) 238-3600

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90386 007 ***150.00

C0056413



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3338583

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

CR2E034 (10/00)