**FILED** 

## **2001 UNIFORM BUSINESS REPORT (UBR)**

## May 12, 2001 8:00 am Secretary of State DOCUMENT # P95000089088 LEDGER PLUS OF BAY COUNTY, INC. 05-12-2001 90029 041 \*\*\*150.00 Principal Place of Business Mailing Address 7121 W HWY 98 7121 W HWY 98 PANAMA CITY BEACH FL 32407 PANAMA CITY BEACH FL 32407 UVU49160 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number -3420556 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SAMUELS, CYNTHIA Street Address (P.O. Box Number is Not Acceptable) 7121 W. HWY 98 PANAMA CITY BEACH FL 32407 City Zin Code 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12 ☐ Change CR2E034 (10/00) Addition TITLE ☐ Delete TITLE SAMUELS, CYNTHIA S NAME NAME STREET ADDRESS STREET ADDRESS 7121 W. HWY 98 CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY BEACH FL ☐ Addition TITLE Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP-CITY-ST-ZIP Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Delete Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

SIGNATURE: Cypt this barre of signing officer or director 4.30.01 8502

SIGNATURE: Opt this barre of signing officer or director Date

Dat

changed, or on an attachment with an address, with all other like empowered.