

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State
 05-20-2002 90114 025 ***150.00

DOCUMENT # P96000053436

1. Entity Name
MEC BAY CO.

Principal Place of Business

18495 S DIXIE HWY
 PMB 102
 MIAMI FL 33157
 US

Mailing Address

108 MOSLEY DRIVE
 LYNN HAVEN FL 32444
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3390205**

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

STOPKA, ALBERT J III
108 MOSLEY DRIVE
LYNN HAVEN FL 32444

Name

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

City

FL

Zip 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.

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, 2002 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: **PSTD**
 NAME: **LENHERR-TOEDTLI, ELKE**
 STREET ADDRESS: **P O BOX 12 ESCHNER STRASSE 93**
 CITY-ST-ZIP: **BENDERN, LIECHTENSTEIN FL-94-7** ☐ Delete

TITLE: ☐ Change ☐ Addition
 NAME: **P. O. Box 12 Eschner Strasse 93**
 STREET ADDRESS: **Bendern, Liechtenstein, FL-9487**
 CITY-ST-ZIP: **Bendern, Liechtenstein, FL-9487** ☐ Zip Correction Only

TITLE: **V**
 NAME: **ZINDEL, NORA M**
 STREET ADDRESS: **P O BOX 12 ESCHNER STRASSE 93**
 CITY-ST-ZIP: **BENDERN, LIECHTENSTEIN FL-94-7** ☐ Delete

TITLE: ☒ Change ☐ Addition
 NAME: **P. O. Box 12 Eschner Strasse 93**
 STREET ADDRESS: **Bendern, Liechtenstein FL-9487**
 CITY-ST-ZIP: **Bendern, Liechtenstein FL-9487** ☐ Zip Correction Only

TITLE: **V**
 NAME: **HUGHEY, BONNIE J.**
 STREET ADDRESS: **18495 S DIXIE HWY PMB 102**
 CITY-ST-ZIP: **MIAMI FL 33157** ☐ Delete

TITLE: ☐ Change ☐ Addition
 NAME: **18495 S Dixie Hwy PMB 102**
 STREET ADDRESS: **MIAMI FL 33157**
 CITY-ST-ZIP: **MIAMI FL 33157**

TITLE: ☐ Delete

TITLE: ☐ Change ☐ Addition

TITLE: ☐ Delete

TITLE: ☐ Change ☐ Addition

TITLE: ☐ Delete

TITLE: ☐ Change ☐ Addition

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, V.P.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(305) 238-3600
 Daytime Phone #

CR2E034 (01)