

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 08, 2002 8:00 am
Secretary of State

07-08-2002 90245 001 ***150.00
07-08-2002 90245 002 *****8.75

DOCUMENT # P96000089084

1. Entity Name

BAY AUTO INSURANCE, INC.

Principal Place of Business

**1407 OHIO AVENUE
LYNN HAVEN FL 32444
US**

Mailing Address

**1407 OHIO AVENUE
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

59-3746817

Applied For

Not Applicable

5. Certificate of Status Desired

X

**\$8.75: Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CHALKER, KATHREEN
6428 LAKE JOANNA CIR
PANAMA CITY FL 32404**

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. I am familiar with, and accept the obligations of registered agent.

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 \$450.00
After September 13, 2002 Fee will be \$750.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSTD
CHALKER, KATHREEN
1407 OHIO AVE
LYNN HAVEN FL 32444** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)

attachment

96684

Bay Auto Insurance # p96000089084

INC.

1407 Ohio Ave.
Lynn Haven Florida 32444
(850)271-5111
Fax (850) 271-8406

To whom It may concern: Please except my check for 150.00 to take care of my corporations tax.. I Did not receive the original form and would have sent it before May 01 2002. In the future I will need to look for receiving the form how long before due by may? I did not recive original one. Thank you. Also I have enclosed the fee for certificate of status.

Sincerely, Kathreen Chalker
Agent / Owner
Bay auto insurance INC.

