

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State
 04-26-2001 90261 004 ***150.00

DOCUMENT # P97000043913

1. Entity Name

PREFERRED BAY MANAGEMENT, INC.

Principal Place of Business

2100 WEST BEACH DRIVE
 PANAMA CITY FL 32401
 US

Mailing Address

2100 WEST BEACH DRIVE
 PANAMA CITY FL 32401
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

5611 DAIRY BARN LN.

Suite, Apt. #, etc.

5611 DAIRY BARN LN.

City & State

GRACEVILLE FL.

City & State

GRACEVILLE FL.

Zip

32440

Country

USA

Zip

32440

Country

U.S.A.

6. Name and Address of Current Registered Agent

CICIN, VELEMIR
 4871 DAMASCUS CHURCH ROAD
 GRACEVILLE FL 32440

7. Name and Address of New Registered Agent

Name

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

5611 DAIRY BARN LN

City

GRACEVILLE

State

FL

Zip Code

32440

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, types or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when changing)

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	☐ Delete
NAME	CICIN, VELEMIR	
STREET ADDRESS	2100 WEST BEACH DRIVE	
CITY-STATE-ZIP	PANAMA CITY FL 32401	
TITLE	D	☐ Delete
NAME	CICIN, SPASENJA	
STREET ADDRESS	2100 WEST BEACH DRIVE	
CITY-STATE-ZIP	PANAMA CITY FL 32401	
TITLE	D	☐ Delete
NAME	CICIN, NICK	
STREET ADDRESS	2100 WEST BEACH DRIVE	
CITY-STATE-ZIP	PANAMA CITY FL 32401	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	☒ Change ☐ Addition
NAME	5611 DAIRY BARN LN.
STREET ADDRESS	GRACEVILLE FL, 32440
CITY-STATE-ZIP	
TITLE	☒ Change ☐ Addition
NAME	5611 DAIRY BARN LN.
STREET ADDRESS	GRACEVILLE FL, 32440
CITY-STATE-ZIP	
TITLE	☒ Change ☐ Addition
NAME	5611 DAIRY BARN LN.
STREET ADDRESS	GRACEVILLE FL, 32440
CITY-STATE-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 a former like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-01 250-263-5502

Date

Daytime Phone

CR2E034 (10/00)