

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 07, 2003 8:00 am
Secretary of State

05-07-2003 90155 004 ***150.00

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DOCUMENT # P98000091973

1. Entity Name
BAY STONE CO., INC.



Principal Place of Business
6701 HWY. 22
PANAMA CITY FL 32404

Mailing Address
6701 HWY. 22
PANAMA CITY FL 32404

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-3552499

Applied For
Not Applicable

Zip

Country

Zip

Country

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

KIRKLAND, DANIEL M
6701 HWY. 22
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** _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D KIRKLAND, DANIEL M
6701 HWY. 22
PANAMA CITY FL 32404 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

5/6/03 **880-763-0415**
Date Daytime Phone #

CR2E034 (10/02)

attachment

90131347
9800091973

D. STEPHEN FOSTER, C.P.A., P.A.
1217 JENKS AVENUE
PANAMA CITY, FL 32401
TELEPHONE (850) 785-5254
FAX (850) 763-2086

May 6, 2003

Division of Corporations
Uniform Business Report Filings
PO Box 1500
Tallahassee, FL 32302-1500

Re: Bay Stone CO., Inc.
Annual Report

Dear Gentlemen:

Attached is the 2003 Uniform Business Report for the referenced taxpayer.

We request your favorable consideration to waive the late fees for the following reason. During the year the owner closed his business due to health reasons. Mr. Kirkland, the owner, has been in and out of the hospital for the last several months. During the last week in April Mr. Kirkland had three stints placed in his arteries due to blockage. He was unable to meet the deadline because of his health condition.

Please contact me if you have any questions. Thank you for your assistance with this request. Attached is check number 1454 for the fee of \$150.00.

Sincerely,

D. Stephen Foster

D. Stephen Foster