

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90134 010 ***150.00

DOCUMENT # P98000103390

Entity Name

BAY FRAMING, INC.

Principal Place of Business

**341 S MACARTHUR AVE
 PANAMA CITY FL 32401**

Mailing Address

**341 S MACARTHUR AVE
 PANAMA CITY FL 32401**



DO NOT WRITE IN THIS SPACE

Principal Place of Business

149 Reagan Rd
 Suite, Apt. #, etc.

Mailing Address

149 Reagan Rd
 Suite, Apt. #, etc.

City & State

Panama City FL

City & State

Panama City FL

4. FEI Number

59-3547864

Applied For

Not Applicable

Zip

32404

Country

FLA

Zip

32404

Country

FLA

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**LISTER, WILLIAM G
 341 S MAC ARTHUR AVE
 PANAMA CITY FL 32401**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

GARY LISTER PRES
 Signature of Registered Agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/7/2002
 DATE

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**

1. OFFICERS AND DIRECTORS

TITLE	DDP	<input type="checkbox"/> Delete
NAME	LISTER, WILLIAM G	
STREET ADDRESS	341 S MAC ARTHUR AVE	
CITY-STATE-ZIP	PANAMA CITY FL 32401	
TITLE	ODS	<input type="checkbox"/> Delete
NAME	LISTER, DELLA L	
STREET ADDRESS	341 S MAC ARTHUR AVE	
CITY-STATE-ZIP	PANAMA CITY FL 32401	
TITLE	OV	<input type="checkbox"/> Delete
NAME	RASNIC, FRANK	
STREET ADDRESS	119 BEACH WORD WAY	
CITY-STATE-ZIP	PANAMA CITY FL 32401	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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:

GARY LISTER PRES
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/2002
 Date

Daytime Phone #

(850) 871-2966

CR2E034 (9/01)