

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000029756

1. Entity Name

BAY LENDING OF NORTHWEST FLORIDA, INC.

FILED
Mar 17, 2000 8:00 am
Secretary of State

03-17-2000 90017 042 ***150.00

Principal Place of Business

Mailing Address

MELROSE AVE.
FL 32541

3590 MELROSE AVE.
DESTIN FL 32541-5019

2. Principal Place of Business

268 N. EGLIN PARKWAY
Suite, Apt. #, etc.

3. Mailing Address

268 N. EGLIN PARKWAY
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
FORT WALTON BEACH, FLORIDA
Zip
32541
Country
USA

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FORT WALTON BEACH, FLORIDA
Zip
32541
Country
USA

4. FEI Number
58-2464858

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

FUCHS, LAWRENCE M
590 ROYAL PALM BEACH BLVD.
ROYAL PALM BEACH FL 33411

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, 2000 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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
	DP			<input type="checkbox"/>
	ANDERSON, MELANIE			
	PO BOX 976			
	DESTIN FL 32540			
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MELANIE ANDERSON

2-29-00 850-315-8880

CR2E034 (9/99)