

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90145 030 ***150.00

DOCUMENT # P99000029756

1. Entity Name

BAY LENDING OF NORTHWEST FLORIDA, INC.

Principal Place of Business

**268 N EGLIN PKWY
 FORT WALTON BEACH FL 32547**

Mailing Address

**268 N EGLIN PKWY
 FORT WALTON BEACH FL 32547**

2. Principal Place of Business

213-2 Hollywood Blvd
 Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Fort Walton Beach FL

City & State

City & State

Zip

32548

Country

USA

Zip

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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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, 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**

11. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete
 NAME **ANDERSON, MELANIE**
 STREET ADDRESS **PO BOX 976**
 CITY-ST-ZIP **DESTIN FL 32540**

TITLE ☐ Delete
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 NAME
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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:

Melanie Anderson
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/5/2002 8503010222

CR2E034 (9/01)