## FILED Mar 12, 2003 8:00 am & Secretary of State

## **2003 FOR PROFIT CORPORATION**

## **UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT #** 

P99000039415



1. Entity Nam THE OAK		BAY DEVELOP	MENT COMPANY, INC	C.				3 90357 00 3 90357 00			
•	ce of Business LAIRE CIRCLE E FL 32561		Mailing Address 92 CHANTECLAIRE CIRCLE GULF BREEZE FL 32561				: 				
2. Principal P	Place of Busine	ss	3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				CHECK HER	E IF MAKING	CHANGES		
City & State			City & State			<b>4.</b> F	El Number <b>59-35735</b> 1	18		oplied For ot Applicable	
Zip	Country		Zip	Country		<b>5</b> . C	Certificate of Status Desired		8.75 Add ee Require		
6. Name and Address of Current Registered Agent						7. N	ame and Address of New	Registered A	gent		
						Name					
MOORHEAD, STEPHEN R 4300 BAYOU BLVD., STE. 12 & 13					Street Address (P.O. Box Number is Not Acceptable)						
PENSACOLA FL 32503											
					City	FL					
8. The above the obligat	e named entity tions of register	submits this statement for red agent.	or the purpose of changing its	registered	office or regi	stered age	ent, or both, in the State of F	Florida. I am fa	miliar with,	and accept	
SIGNATURE .	Signature, typed or	printed name of registered agent	and title if applicable. (NOTE	: Registered A	Agent signature req	quired when rein	nstating)	DATE	Σ,	·-	
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 F Trust Fund Contribut			<b>0</b> May Be I to Fees	
10.		OFFICERS AND	DIRECTORS	11.	٠.	ADI	DITIONS/CHANGES TO OF	FICERS AND	DIRECTORS	3 IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		II ECLAIRE CIRCLE EZE FL 32561	☐ Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CARR, JOH 17 W CEDA PENSACOL		☐ Delete	TITLE NAME STREET CITY-S	ADDRESS 1-ZIP				Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAY, SAR 16 HIGHPO	AH S	☐ Delete	TITLE NAME STREET CITY-S	ADDRESS				☐ Change	Addition	
TITLE ATTO NAME STREET ADDRESS CITY-ST-ZIP	D RICH, RODI 1 BEACH D	NEY	Delete, ≥=	NAME STREET CITY-ST	ADDRESS		The second secon	Transporter (S	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NICKELSEN 17 W CEDA PENSACOL	R ST	☐ Delete	TITLE NAME STREET CITY-ST	ADDRESS -				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D -NEAL, EVEL -100-FT-PICI	:YN⁴B	□ Deiete	TITLE NAME STREET. CITY-ST	ADDRESS - ZIP	ARM 807 I	r, Evelyn Bay Chitis R Breeze, F1 32	d. 2561	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 attachmen with an address, with all other like empowered.

**SIGNATURE:**