

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000088920

1. Entity Name

SAMAY GROUP, INC.

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90062 039 ***150.00

Principal Place of Business

Mailing Address

25 HIGHPOINT DR.
GULF BREEZE FL 32561

25 HIGHPOINT DR.
GULF BREEZE FL 32561-4070

2. Principal Place of Business

3707 NAVY BLVD

3. Mailing Address

3707 NAVY BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

PENSACOLA FL

City & State

PENSACOLA FL

4. FEI Number

59-3601667

Applied For

Not Applicable

Zip

32507

Country

ESCAMBIA

Zip

32507

Country

ESCAMBIA

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

PALMER, RAYMOND B ESQ.
913 GULF BREEZE PKWY, SUITE 41
GULF BREEZE FL 32561

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	PTD SAMAY, BRIAN P 25 HIGHPOINT DR. GULF BREEZE FL 32561	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SAMAY, RENEE 25 HIGHPOINT DR. GULF BREEZE FL 32561	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 #

CR2E034 (9/99)