

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

0124346 AT

DOCUMENT # P99000088920

1. Entity Name  
SAMAY GROUP, INC.



03 SEP -9 PM 5:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
3707 NAVY BLVD.  
PENSACOLA FL 32507

Mailing Address  
3707 NAVY BLVD.  
PENSACOLA FL 32507



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3601667

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

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 Edsel F. Matthews, Jr.

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

City Pensacola, FL Zip Code 32502

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Edsel F. Matthews, Jr.*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

9/3/03  
DATE

FILE NOW!!! FEE IS \$550.00  
After September 10, 2003 Fee will be \$750.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. 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	TD SAMAY, RENEE 25 HIGHPOINT DR. GULF BREEZE FL 32561	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Samay, Brian P. 25 Highpoint Drive Gulf Breeze, Florida 32561	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	000022764000 09/04/03--01088--008 **150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 attachment with an address, with all other like empowered.

SIGNATURE: *Edsel F. Matthews, Jr.* **SIGNATURE REQUIRED** *Pros. 9/2/03 850 455-7283*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)

282

CAR CONNECTION  
3707 NAVY BLVD.  
PENSACOLA, FL.32507  
(850)455-7283

TO: DIVISION OF CORPORATIONS

FROM: BRIAN SAMAY PRESIDENT  
SAMAY GROUP INC.

RE: UBR DOCUMENT #P99000088920  
FEIN 59-3601667.

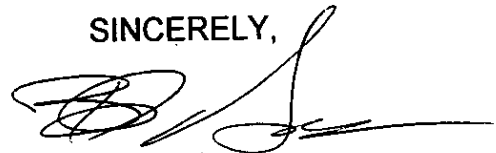
DEAR SIRs,

WE HAVE NO RECORD OF EVER RECEIVING A PRIOR NOTICE FOR  
THE UNIFORM BUSINESS REPORT WITH A FILING FEE OF \$150.00.

PLEASE FIND ENCLOSED THE ORIGINAL \$150.00 FILING FEE AND  
THE REQUEST TO WAIVE THE \$400.00 LATE FEE.

THANK YOU FOR YOUR ASSISTANCE IN THIS MATTER.

SINCERELY,



BRIAN SAMAY PRES.