FILED 5/8/00 2000 UNIFORM BUSINESS REPORT (UBR) Jun 01, 2000 8:00 am Secretary of State DOCUMENT # P99000106982 1. Entity Name 05-08-2000 90093 002 ***150.00 MB ENVIRONMENTAL SERVICES OF BAY COUNTY, INC. Principal Place of Business Mailing Address MANTHE A B D PO BOX 168 PANAMA CITY FL 32402 CITY BEACH FL 02409 3. Mailing Address Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FELNumber Applied For City & State Not Applicable Country \$8,75 Additional Zio Country 5. Certificate of Status Desired Fee Required USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent -DOWDY. EMILY L 427-MAGNOLIA AVE PANAMA CITY FL 32402 Zip Code 3 2 4 0 F City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. (9/99) Addition Change TITLE TITLE Delete SHELTON, HOWARD NAME NAME. 11610 FRONT-BEACH ROAD #203 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PANAMA GITY BEACH FL 32407 Change Addition TITI E Delete TITLE HUMBOLDT, BRIAN L NAME POB 164 STREET ADDRESS 213 HARRISON AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY FL 3240+ Addition Change Delete TITLE TITLE DOWDY, EMILY L NAME NAME STREET ADDRESS STREET ADDRESS **427 MAGNOLIA AVE** CITY-ST-ZIP CITY-ST. ZIP PANAMA CITY FL 32401 ☐ Addition ☐ Change Delete TITLE KINNER, LEE J NAME NAME STREET ADDRESS PO BOX 9589 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY BEACH FL 32417 Change Addition TITLE Delete DILE SERGO, JOSEPH P NAME STREET ADDRESS 356 MASSALINA DRIVE STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP PANAMA CITY FL 32401 Addition ☐ Change Oatete TITLE TITLE NAME NAME STREET ADDRESS 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), Floride Statutes. I further certify that the information indicated on this report or suppliemental 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