


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0122665
AT

DOCUMENT # P99000106982

1. Entity Name
MB ENVIRONMENTAL SERVICES OF BAY COUNTY, INC.



FILED

03 OCT -9 AM 10:10

SECRETARY OF STATE
TALLAHASSEE FLORIDA



Principal Place of Business
**9851 THAMES DRIVE
STE 215
PANAMA CITY BEACH FL 32408
US**

Mailing Address
**PO BOX 168
PANAMA CITY FL 32402**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0975049** Applied For
Not Applicable.

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

6. Name and Address of Current Registered Agent

**HUMBOLDT, BRIAN L
7833 MCELVEY ROAD
PANAMA CITY FL 32408**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
200023443392

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

SIGNATURE *Brian L Humboldt* DATE 9/3/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUMBOLDT, BRIAN L POB 168 PANAMA CITY FL 32402 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOWDY, EMILY-L 427 MAGNOLIA AVE PANAMA CITY FL 32401 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KINNER, LEE J PO BOX 9589 PANAMA CITY BEACH FL 32417 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SERGO, JOSEPH P 356 MASSALINA DRIVE PANAMA CITY FL 32401 <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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200023443392 03/30/03--01041--010 **550.00
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: *Brian L Humboldt* **REQUIRED** DATE: 10/7/03 DAYTIME PHONE #: 850-236-1440

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)