

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000108635

1. Entity Name

A & M OF BAY, INC.

**FILED**  
**Mar 27, 2000 8:00 am**  
**Secretary of State**

03-27-2000 90068 042 \*\*\*150.00

Principal Place of Business

Mailing Address

192 NEWMAN DRIVE  
DESTIN FL 32541

192 NEWMAN DRIVE  
DESTIN FL 32541

2. Principal Place of Business

3. Mailing Address

12705 Front Beach Rd.

12705 Front Beach Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Panama City Beach, FL

City & State

PANAMA City Beach, FL

Zip

32407

Country

USA

Zip

32407

Country

USA

4. FEI Number

59-3612827

Applied For

Not Applicable

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

MORROS, ANDREW  
192 NEWMAN DRIVE  
DESTIN FL 32541

Name

MORROS, Andrew

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

150 LEGEND LAKES Dr

City

PANAMA City Beach

FL

Zip Code

32407

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

*Andrew Morros*

3-22-00

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	D	<input type="checkbox"/> Delete
NAME	MORROS, ANDREW	
STREET ADDRESS	192 NEWMAN DRIVE	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE	D	<input type="checkbox"/> Delete
NAME	MORROS, MICHELLE	
STREET ADDRESS	192 NEWMAN DRIVE	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE	D	<input type="checkbox"/> Delete
NAME	MORROS, CONSTANTINE	
STREET ADDRESS	3535 BROOKWOOD ROAD	
CITY-ST-ZIP	BIRMINGHAM AL 35223	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORROS, Andrew	
STREET ADDRESS	150 Legend LAKES Dr.	
CITY-ST-ZIP	PANAMA City Beach, FL 32407	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORROS, Michelle	
STREET ADDRESS	150 Legend LAKES Dr.	
CITY-ST-ZIP	PANAMA City Beach, FL 32407	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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), 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:

*Andrew Morros*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-22-00

CR2E034 (9/99)