## 2000 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # \$08268** Apr 25, 2000 8:00 am Secretary of State 1. Entity Name BAY COUNTY OIL CO., INC. 04-25-2000 90086 019 \*\*\*150.00 Principal Place of Business Mailing Address 3850 HOLCOMB BRIDGE RD 1524 E BUSINESS HWY 98 PANAMA CITY FL 32401 SUITE 255 NORCROSS GA 30092-5241 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3038356 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired \_\_\_\_ Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name JELKS, ALLEN N., JR. Street Address (P.O. Box Number is Not Acceptable) % JOHNSON, HARRIS & GERDE, P.A. 239 E. 4TH ST. PANAMA CITY FL 32401 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Change ☐ Addition SD TITLE TITLE ☐ Delete RUSSELL, BARRON J. NAME NAME STREET ADDRESS STREET ADDRESS 1524 E. BUSINESS HWY. 98 CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY FL ☐ Addition Delete ☐ Change TITLE TITLE RUSSELL, BARRON JEFF NAME NAME STREET ADDRESS STREET ADDRESS 1524 E BUSINESS HWY 98 CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY FL Change ☐ Delete ☐ Addition TITLE TITLE" RUSSELL, NANCY H NAME NAME STREET ADDRESS 1524 E BUSINESS HWY 98 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY FL ☐ Addition TITLE Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete 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), Florida Statutes. I further certify that the information indicated on this report of 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 eceiver 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.

changed, or on an attachment with an address, with all other like empowered.

NANCY H. RUSSELL 2/28/00 (770)447-9490

Daytime Phone #