## 2000 UNIFORM BUSINESS REPORT (UBR)

of the corporation or the rece

changed, or on an attac

nt with an address,

with all other like empowered

TURE AND TYPED OR PAINTED NAME OF SIGNING OFFICER OR DIRECTOR

## **FILED** DOCUMENT # **S90389** May 03, 2000 8:00 am BAY CONSOLIDATED VENTURES, INC. Secretary of State 05-03-2000 90148 032 \*\*\*158.75 Principal Place of Business Mailing Address 1002 WEST 23RD STREET 1002 WEST 23RD STREET SUITE 400 SUITE 400 PANAMA CITY FL 32405 PANAMA CITY FL 32405-3648 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3089550 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HENRY, III, ROBERT F Street Address (P.O. Box Number is Not Acceptable) 1002 W 23RD ST **STE 400** PANAMA CITY FL 32405 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 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 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 TITLE TITLE Delete CHAPMAN, JOSEPH F., III NAME NAME 1002 W. 23RD ST #400 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY FL Addition Delete ☐ Change TITLE GLOVER, LEMUEL D., SR NAME 530 NEW YORK AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP LYNN HAVEN FL ☐ Change Addition TITLE ☐ Delete TITLE MAYO, CLINTON V. NAME NAME STREET ADDRESS STREET ADDRESS 2916 FAIRMONT DR. CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY FL ☐ Change Addition TITLE TITLE Delete POWELL, RAYMOND NAME NAME STREET ADDRESS STREET ADDRESS 1002 W. 23RD ST #400 PANAMA CITY FL CITY-ST-ZIF CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE SMITH, GEORGE H. STREET ADDRESS STREET ADDRESS 125 H.L. SUDDUTH DR. CITY-ST-ZIP CITY-ST-ZIP CALLAWAY FL ☐ Change Addition DST ☐ Delete TITLE TITLE HENRY, III, ROBERT F NAME STREET ADDRESS STREET ADDRESS 1002 W 23 ST STE 400 CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY\_FL 13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information

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 econor 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

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