FILED

MITCHOIL 1. Miller 2-11-02 407-422 \$139

Date Daytime Phone #

2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Feb 26, 2002 8:00 am Secretary of State **DOCUMENT #** 210914 1. Entity Name 02-26-2002 90107 019 ***150.00 BAILEY MOTOR EQUIPMENT CO Principal Place of Business Mailing Address 20_N. NASHVILLE AVE 20 N. NASHVILLE AVE SUITE A SUITE A ORLANDO FL 32805 ORLANDO FL 32805 HS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-0833954 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MILLER, MITCHELL A Street Address (P.O. Box Number is Not Acceptable) 2306 MUSSELWHITE AVE ORLANDO FL 32804 City Zip Code FL 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 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-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, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change Addition EASTERLING, MICHAEL A NAME NAME STREET ADDRESS 3261 INVERNESS CT. STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32806 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME MILLER, MITCH A NAME STREET ADDRESS 2306 MUSSELWHITE AVE STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32804 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.