

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J64055

1. Entity Name

BAILEY CONSTRUCTION CO., INC.

**FILED**  
**Apr 24, 2000 8:00 am**  
**Secretary of State**

04-24-2000 90084 045 \*\*\*158.75

Principal Place of Business

Mailing Address

% SHARON BAILEY, P.O. BOX 950821  
BOX 950821  
LAKE MARY FL 32795-7821

% SHARON BAILEY, P.O. BOX 950821  
BOX 950821  
LAKE MARY FL 32795-0821

2. Principal Place of Business

3. Mailing Address

222 WASHINGTON AVE  
Suite, Apt. #, etc.

P.O. BOX 950821  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

LAKE MARY, FL.

LAKE MARY, FL.

Zip

Country

32746

USA

Zip

Country

32795-0821

USA

4. FEI Number

59-2786559

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

BAILEY, ROBERT A  
222 WASHINGTON AVE  
LAKE MARY FL 32746

Name

MARCENA E. BAILEY

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

222 WASHINGTON AVE.

City

LAKE MARY

FL

Zip Code

32746

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

Marcena E. Bailey

Marcena E Bailey

4/17/00

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 NAME STREET ADDRESS CITY-ST-ZIP	STD BAILEY, SHARON 222 WASHINGTON AVE LAKE MARY FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BAILEY, ROBERT P. 222 WASHINGTON AVE LAKE MARY FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HARDY, MARCENA C 222 WASHINGTON AVE LAKE MARY FL 32746	<input 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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	STD MARCENA E. BAILEY 222 WASHINGTON AVE. LAKE MARY, FL 32746	<input checked="" 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

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:

ROBERT P. BAILEY

Date

Daytime Phone #

CR2E034 (9/99)