2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 04, 2000 8:00 am Secretary of State **DOCUMENT # \$22057** 1. Entity Name BAILEY'S GYM, INC. 03-04-2000 90104 048 ***150.00 Principal Place of Business Mailing Address 6020 MERRILL RD: 水溶液 () 外線をしま PO BOX 8762 JACKSONVILLE FL 32239-0762 JACKSONVILLE FL: 32211 PAGGAGIAA2. Principal Place of Business 3. Mailing Address 1418 ROMNEY ST. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For 4. FEI Number 59-3044934 TACKSONVILLE JACKSONVILLE Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired DUVAL 2237 DUVAL Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RAILEY BAILEY, DONALD L. 6020 MERRILL RD. JACKSONVILLE FL 32211 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. DONALD L. BAILLY - PRESIDENT FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Trust Fund Contribution. After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. STD : YCON THE STORY ☐ Addition TITLE TOTALE SECTION TO BAILTY , DONALD ENAME - - BLATT BAILEY, DONALD L. NAME 1418 ROMNEY ST. STREET ADDRESS 6020 MERRILL RD STREET ADDRESS DACKSONVILLE FL 32211 CITY-ST-ZIP JACKSONVILLE FL CITY-ST-ZIP Change Addition Delete TITLE TITLE KAULD BALLEY NAME ' BAILEY, DAVID, L NAME 1418 ROMNEY ST. 6020 MERRILL RD STREET ADDRESS STREET ADDRESS JACKS-NVILLE FL CITY-ST-ZIP JACKSONVILLE FL CITY-ST-ZIP Addition TITLE TITLE □ Delete DARRYL BAILEY 1418 ROMNEY ST. TACKSONVILLE FL NAME NAME STREET ADDRESS STREET ADDRESS 32211 CITY-ST-ZIP CITY-ST-ZIE Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 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.