

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# S85646

FILED  
Mar 03, 2003  
Secretary of State

Entity Name: BAYLESS REALTY, INCORPORATED

**Current Principal Place of Business:**

1167 US 27 SOUTH  
SEBRING, FL 33870 US

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 1804  
SEBRING, FL 33871

**New Mailing Address:**

FEI Number: 59-3089964

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BAYLESS, F. ELGIN JR.  
1167 US 27 SOUTH  
SEBRING, FL 33870

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: BAYLESS, F. ELGIN, J. R.  
Address: US 27 SOUTH  
City-St-Zip: SEBRING, FL 33870

Title: VPS ( ) Delete  
Name: BAYLESS, S. LYNN,  
Address: 818 SUMMIT DR.  
City-St-Zip: SEBRING, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: F. ELGIN BAYLESS, JR.

DP

03/03/2003

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date