## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## P02000008088 **DOCUMENT#**

1. Entity Name

BAILEY'S RENT ALL, INC.



## **FILED** Feb 21, 2003 8:00 am Secretary of State 02-21-2003 90153 032 \*\*\*150.00

					THE STATE OF THE S	•				
Principal Place of Business 19872 STATE ROAD 20 W SUITE 3 BLOUNTSTOWN FL 32424  2. Principal Place of Business			Mailing Address 19872 STATE ROAD 20 W SUITE 3 BLOUNTSTOWN FL 32424  3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & State			City & State			753010725			pplied For	
Zip		Country	Zip	Coun	try	5. Certifica	ate of Status Desired		\$8.75 Ac	lditional
	6. Name	and Address of Current F	Registered Agent	<u></u>		- 7.⁻ Name a	nd Address of New	Registered		
					Name			3		
MCCORMI	CK, WINDY									
19872 STA	ATE ROAD 2	0 W	Street Address			P.O. Box Num	nber is Not Acceptat	ole)		
SUITE 3		· <del>··</del> • *								
	TOWN FL 32	2424			,,,,,					
DECOUNTS	IONNIA LE 25	:424			City	-		F	Zip Cod	de
8. The above	named entity	submits this statement for	the purpose of changing its	rogietore	d office or register	ad agent as i	noth in the Ctute of f	- '		
the obligati	ions of registe	red agent.	the purpose of changing its	registere	ed office or register	ed agent, or a	ooth, in the State of I	-iorida. I ar	n familiar with	, and accept
·	•		,							
SIGNATURE .		r printed name of registered agent er	- July 15 11 - bis		<del></del>		·			<u> </u>
	Signature, typed o	r printed flame or registered agent er	no title if applicable. (NO1)	E: Hegistered	d Agent signature required	when reinstating)		DATE		***
		FEE IS \$150.00						·	<b>A-</b> 4	
,	-	Fee will be \$550.00	_				Election Campaign F Trust Fund Contribut			00 May Be d to Fees
Make Check	Payable to	Florida Department of	State		. :======	7 .	Trust Fund Contribut	·	- A008	u io rees
10.		OFFICERS AND D	DIRECTORS	11.		ADDITION	S/CHANGES TO OF	FICERS AN	ID DIRECTOR	S IN 11
TITLE	Pres.	,,,	☐ Delete	TITLE					☐ Change	Addition
NAME	Willi	am Arthur Ba	ailey SR	NAME						
STREET ADDRESS	19572	SR 71N	-	STREE	ET ADDRESS					
CITY-ST-ZIP	B1oun	tstown, FL	32424	CITY-	ST-ZIP					
TITLE	V.P.		□ Delete	TITLE				******	Change	☐ Addition
NAME	Willi	am Arthur Ba		NAME	- 1				onange	
STREET ADDRESS	PO Bo			STREE	ET ADDRESS					
CITY-ST-ZIP		tstown, FL	32424		ST-ZIP					
TITLE	Secre		Delete	TITLE					C Change	- Addison
NAME			C Delete	NAME					Change	☐ Addition
STREET ADDRESS	10572	McCormick		•	ET ADDRESS					
CITY-ST-ZIP	190/2	SR 71N tstown, ∃FL_	22424		ST-ZIP					
TITLE	<u> Droun</u>	tstown, FL	32424 □ Delete	TITLE		· · · · · · · · · · · · · · · · · · ·			- : : : : : : : : : : : : : : : : : : :	
NAME			La pelete	NAME					☐ Change	Addition
STREET ADDRESS				•	ET ADDRESS					
CITY-ST-ZIP					ST-ZIP					
TITLE	<del></del>		☐ Delete	TITLE					[] c	
NAME			- Delete	NAME	1				Change	☐ Addition
STREET ADDRESS					T ADDRESS	:				
CITY-ST-ZIP			•		ST-ZIP					
TITLE	·····			<del></del>			***			<b>—</b>
NAME			☐ Delete	TITLE	İ				Change	☐ Addition
STREET ADDRESS				NAME	T ADDRESS					
CITY-ST-ZIP					ST-ZIP					
					·	-				
of the corp	poration or the	receiver or trustee empow	nis filing does not qualify for rue and accurate and that me rered to execute this report a thall other like empowered.	เพรเตกลา	ire shall have the sa	ame legal etta	act ac it made under	agth: that I	am an officer	or director

SIGNATURE:

REWindy McCormick 02/19/03

Date

850-674-4256

Daytime Phone #