

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 166901

1. Entity Name  
**BA-CA CORPORATION**

**FILED**  
**Mar 01, 2001 8:00 am**  
**Secretary of State**

03-01-2001 90550 001 \*\*\*\*35.00  
03-01-2001 90550 002 \*\*\*150.00

Principal Place of Business  
**1022 ARBOR LANE  
JACKSONVILLE FL 32207  
US**

Mailing Address  
**1022 ARBOR LN  
JACKSONVILLE FL 32207-3918  
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-0664438</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>WILLIAMS, E. ROBERT 231 E. ADAMS JACKSONVILLE FL 32202-3372</b>				Name <b>ALDEN CORLEY</b>			
				Street Address (P.O. Box Number is Not Acceptable)			
				<b>1719 Poplar Drive</b>			
				City <b>Jacksonville,</b> <b>FL</b> Zip Code <b>32073</b>			

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 *Alden Corley* (NOTE: Registered Agent signature required when reinstating) DATE 2/19/01

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, 2001 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	<b>PD CLARK, M. L. 1022 ARBOR LANE JACKSONVILLE FL</b> <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	<b>VD WILLIAMS, E. ROBERT 231 E. ADAMS ST. JACKSONVILLE FL</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD ALDEN CORLEY 1719 POPLAR DRIVE ORANGE PARK, FL 32073</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD BOOTH, JANET C. 3674 BEACH BLVD. JACKSONVILLE FL</b> <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"/> 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"/> 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"/> Delete	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: *Alden Corley* DATE 2/19/01 Daytime Phone # 904-264-1720

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)

DOC# 166901

63200

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of FL submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: BA-CA CORPORATION

2. The mailing address of the corporation is: 1022 ARBOR LANE  
JACKSONVILLE, FL 32207

3. Date of incorporation/qualification: 10/26/51 Document number: 166901

4. The name and address of the current registered agent and office:

E. ROBERT WILLIAMS

231 EAST ADAMS STREET

JACKSONVILLE, FL 32202-3372

5. The name and address of the new registered agent and office: (P. O. Box **Not** Acceptable)

PAUL ALDEN CORLEY

1719 POPLAR DRIVE

ORANGE PARK, FL 32073

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

Mary Louise Clark PDA  
(Signature of an officer, chairman or vice chairman of the board)

2/19/01  
(Date)

MARY LOUISE CLARK

(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

Alden Corley  
(Signature of Registered Agent)

2/19/01  
(Date)

If signing on behalf of an entity:

ALDEN CORLEY  
(Typed or Printed Name)

Vice-PRES.  
(Capacity)

\*\*\* FILING FEE: \$35.00 \*\*\*