FILED

DOCUMENT # 601762 1. Entity Name BAILEY AND BAILEY LAW OFFICES A PROFESSIONAL ASS OCIATION							Jan 16, 2002 8:00 am Secretary of State 01-16-2002 90012 022 ***150.00			
Principal Place of Business 2335 E ATLANTIC BLVD POMPANO BEACH FL 33062			Mailing Address 2335 E ATLANTIC BLVD POMPANO BEACH FL 33062							
2. Principal I	Place of Busin	ess	3. Mailing Address							
Suite, Apt. #, etc. 300			Suite, Apt. #, etc. 300				DO NOT WRITE IN THIS SPACE			
City & State			City & State				4. FEI Number 59-1279808		Applied For	
Zìp		Country	Zip	Count	try		5. Certificate of Status Desired	□ \$8.75 Fee Req	Additional	
	6. Name	and Address of Current R	egistered Agent		·		7. Name and Address of New R	egistered Agent		
BAILEY, P	PATRICK L.				Name	TIMO	OTHY L. BAILEY			
2335 E ATLANTIC BLVD			Street Address (2335 E.			ddress (F	P.O. Box Number is Not Acceptable) Atlantic Blvd			
POMPANO BEACH FL 33062					Suite		· · · · · · · · · · · · · · · · · · ·	•		
				-			no Beach	FL Zing	3062	
R The above	named entity	submits this statement for	the durness of changing its	rogistoro			ed agent, or both, in the State of Flo		0062	
o. The above	- riamed entity	Subjects this statement for	W/// -	`			in the line of the			
SIGNATURE	. /	muy	_	,	_		y Pres			
	Signature, typed	//					when reinstating)	DATE%	•	
Tax filing		ble to satisfy its Intangible nd elects to do so.	FILE NOW! After May 1, 20 Make Check Payab)2 Fee v	vill be \$5	50.00	10. Election Campaign Fine Trust Fund Contribution		5.00 May Be ded to Fees	
11.		OFFICERS AND D	RECTORS	12.			ADDITIONS/CHANGES TO OFFI	CERS AND DIRECT	ORS IN 11	
TITLE	VPD	AOTUV I	☐ Delete	TITLE		I.	s/Director	🔀 Chang	ge 🔲 Addition	
NAME STREET ADDRESS	BAILEY, TIN	NOTHY L. LANTIC BLVD., #300		NAME	: Et address	1	MOTHY L. BAILEY			
CITY-ST-ZIP	POMPANO				ST-ZIP	l .	5 E. Atlnatic Blvd pano Beach, FL 3300	**		
TITLE	PDD		☐ Delete	TITLE		VPD	- ·	y_ Chang	e 🔲 Addition	
NAME	BAILEY, PA			NAME			RICK L. BAILEY	11		
STREET ADDRESS CITY-ST-ZIP	POMPANO	LANTIC BLVD. BCH FI			ET ADDRESS ST-ZIP	.2335	E. Atlantic Blvd	1 300		
TITLE	1 OIIII AITO	DOTE TE	☐ Delete	TITLE		Pomp	ano Beach, FL 3306:	Chang	je 🗌 Addition	
NAME			L Colors	NAME			. *	Online		
STREET ADDRESS					T ADDRESS					
CITY-ST-ZIP					ST-ZIP		,		E N. C. D.	
TITLE NAME			Delete	TITLE NAME			,	Chang	je 🗌 Addition	
STREET ADDRESS					T ADDRESS					
CITY-ST-ZIP				CITY-	ST-ZIP					
TITLE			☐ Delete	TITLE				☐ Chang	je 🔲 Addition	
NAME STREET ADDRESS				NAME	T ADDRESS					
CITY-ST-ZIP					ST-ZIP					
TITLE			☐ Delete	TITLE				☐ Chang	e	
			Delete							
NAME			<u> </u>	NAME						
NAME STREET ADDRESS CITY-ST-ZIP					T ADDRESS					

SIGNATURE/

Indicated on this report of suppliertal 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 fecility of r Justee 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 an other line empowered.

GNATURE

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Date

CR2E034 (9/01)