## 2003 FOR PROFIT CORPORATION

## **FILED** Mar 12, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** 616043 DOCUMENT # 03-12-2003 90094 037 \*\*\*150.00 1. Entity Name BAILEY MOTORS, INC. Principal Place of Business Mailing Address 12087 62 STREET NORTH C/O 2700 FIRST AVE NO. LARGO FL 34643 ST PETERSBURG FL 33713 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number 59-1360577 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DENHARDT, JAMES W Street Address (P.O. Box Number is Not Acceptable) 2700 1ST AVE NORTH ST PETERSBURG FL City Zip Code 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. CR2E034 (10/02) ☐ Delete TITI F ☐ Change Addition TITLE BAILEY, JACK H NAME NAME 12087 62ND STREET NORTH STREET ADDRESS STREET ADDRESS LARGO FL CITY-ST-7IP CITY-ST-7IP **VST** TITLE ☐ Delete TITLE Change Addition VST BAILEY, CAROL ROBIN NAME NAME BONOIT, ROBIN BAILEY 12087 62ND STREET NORTH STREET ADDRESS STREET ADDRESS 12087 62nd Street North LARGO FL CITY-ST-ZIP CITY-ST-ZIP LARGO. TITLE Delete\_ TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS

12. 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 eath; 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CiTY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Delete

Change

Addition