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

F49267 DOCUMENT



1. Entity Name BAILEY ENGINEERING CORPORATION

Principal Place of Business Mailing Address 8633 DAMASCUS DR 8633 DAMASCUS DR TT02408] PALM BCH GARDENS FL 33418 PALM BCH GARDENS FL 33418 2. Principal Place of Business 3. Mailing Address 880 JupiterPark Drive 880 Jupiter Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES Suite Suite Applied For City & State 4. FE! Number 59-2228558 Not Applicable \$8.75 Additional 5. Certificate of Status Desired しらみ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BAILEY, RONALD B Street Address (P.O. Box Number is Not Acceptable) 8633 DAMASCUS DR PALM BCH GARDENS FL 33418 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. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be 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. 11. President / D TITLE ☐ Delete TITLE ☐ Addition BAILEY, RONALD B NAME NAME 880 Jupiter Park Drive, Suite #5
Jupiter, FL 33458
Vice-President/D/S 801 STREET ADDRESS 8633 DAMASCUS DRIVE STREET ADDRESS PALM BEACH GDNS. FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE X Change Addition NAME HOLLACE SWANSON, BAILEY NAME 880 Jupiter Park Drive, Suite #5 STREET ADDRESS 8633 DAMASCUS DRIVE STREET ADDRESS CITY-ST-ZIP PALM BEACH GDNS. FL CITY-ST-ZIP Jupiter, FL 33458 ☐ Change ☐ Addition TITLE ☐ Delete DITLE GROW, SANDA NAME NAME STREET ADDRESS 4091 ISLE CIRCLE NW STREET ADDRESS CITY-ST-ZIP MASSILLON OH 44646 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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

SIGNATURE:

FILED

Secretary of State

05-02-2003 90213 039 ***150.00

May 02, 2003 8:00 am 8