

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90084 045 ***158.75

DOCUMENT # J64055

1. Entity Name
BAILEY CONSTRUCTION CO., INC.

Principal Place of Business % SHARON BAILEY, P.O. BOX 950821 BOX 950821 LAKE MARY FL 32795-7821	Mailing Address % SHARON BAILEY, P.O. BOX 950821 BOX 950821 LAKE MARY FL 32795-0821
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 222 WASHINGTON AVE Suite, Apt. #, etc.	3. Mailing Address P.O. BOX 950821 Suite, Apt. #, etc.
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City & State LAKE MARY, FL.	City & State LAKE MARY, FL.	4. FEI Number 59-2786559	Applied For <input type="checkbox"/> Not Applicable
Zip 32746	Country USA	Zip 32795-0821	Country USA

5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BAILEY, ROBERT A
222 WASHINGTON AVE
LAKE MARY FL 32746

7. Name and Address of New Registered Agent
 Name
MARCENA E. BAILEY
 Street Address (P.O. Box Number is Not Acceptable)
222 WASHINGTON AVE.
 City
LAKE MARY **FL** Zip Code
32746

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 Marcena E. Bailey Marcena E Bailey 4/17/00
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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, 2000 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BAILEY, SHARON <input checked="" type="checkbox"/> Delete 222 WASHINGTON AVE LAKE MARY FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Delete BAILEY, ROBERT P. 222 WASHINGTON AVE LAKE MARY FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD <input type="checkbox"/> Delete HARDY, MARCENA C 222 WASHINGTON AVE LAKE MARY FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MARCENA E. BAILEY 222 WASHINGTON AVE. LAKE MARY, FL 32746
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"/> Change <input type="checkbox"/> Addition
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: ROBERT P. BAILEY ROBERT P. BAILEY 4-17-00 407-323-2880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)