FILED

2001 UNIFORM BUSINESS REPORT (UBR)

May 03, 2001 8:00 am Secretary of State **DOCUMENT # L38692** 1. Entity Name BAILEY TAX & ACCOUNTING, INC. 05-03-2001 90035 001 ***150.00 Principal Place of Business Mailing Address C/O HERBERT L. BAILEY C/O HERBERT L. BAILEY 1933 - 14TH AVENUE 1933 - 14TH AVENUE VERO BEACH FL 32960 VERO BEACH FL 32960 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2980126 Not Applicable Zip Country Zip 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 Name BAILEY, HERBERT L. Street Address (P.O. Box Number is Not Acceptable) 1933 - 14TH AVENUE VERO BEACH FL 32960 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. 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. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition TITI F ☐ Delete TITLE ☐ Change NAME NAME BAILEY, HERBERT L. STREET ADDRESS STREET ADDRESS 1933 - 14TH AVE. CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL TITLE ☐ Change TITLE ☐ Delete ☐ Addition NAME NAME BAILEY, SYLVIA J. STREET ADDRESS STREET ADDRESS 1933 - 14TH AVE. CITY-ST-ZIP CITY-ST-ZIP <u>vero beach fl</u> TITLE ** * * * * ST- ~--Delete TITLE ☐ Change ■ Addition NAME NAME BAILEY, KEVIN L. STREET ADDRESS STREET ADDRESS 1933 - 14TH AVE. CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL ☐ 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-ZIP TITLE ☐ Delete TITLE ☐ Change ___ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$T-ZIP 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: State 1- State Sylvia J. Baile 4/2/0/56/563-082

Daving Phone #