

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90151 043 ***150.00

22000873



☐ CHECK HERE IF MAKING CHANGES

DOCUMENT # L61597

1. Entity Name
WILLIAM D. BAILEY, INC.



Principal Place of Business
~~5404 26TH PL SW~~ **2085 46TH ST SW**
~~NAPLES FL 33980~~
US 34115

Mailing Address
~~5404 26TH PL SW~~ **2085 46TH ST SW**
~~NAPLES FL 33980~~
US 34115

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3009899**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BAILEY, WILLIAM D.
~~5404 26TH PLACE SW~~ **2085 46TH ST. SW.**
~~NAPLES FL 33980~~
34115

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 William D Bailey

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-29-03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PVT	<input type="checkbox"/> Delete
NAME	BAILEY, WILLIAM D	
STREET ADDRESS	5404 26TH PL SW 2085 46TH ST. SW.	
CITY-ST-ZIP	NAPLES FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	BAILEY, WILLIAM D	
STREET ADDRESS	5404 26TH PL SW 2085 46TH ST SW	
CITY-ST-ZIP	NAPLES FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
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: William D Bailey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-03

Date

Daytime Phone #

239 455 4997

CR2E034 (10/02)