

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M67261

1. Entity Name

CAROL ANN BAILEY, CLA, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90266 018 ***150.00

Principal Place of Business

124 WILLING STREET
MILTON FL 32570
US

Mailing Address

8178 S AIRPORT ROAD
MILTON FL 32583-2756
US

2. Principal Place of Business

7253 Highway 90
Suite, Apt. #, etc.

3. Mailing Address

7253 Highway 90
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

MILTON FL 8

City & State

MILTON FL

4. FEI Number

59-2877472

Applied For

Not Applicable

Zip

32583

Country

USA

Zip

32583

Country

USA

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-STEWART, CAROL-ANN
124 WILLING STREET
MILTON FL 32570

Name CAROL BAILEY-STEWART

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

7253 Highway 90

City

MILTON

FL

Zip Code 32583

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

CAROL BAILEY-STEWART PRESIDENT

4/26/00

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	D	<input type="checkbox"/> Delete
NAME	BAILEY-STEWART, CAROL A	
STREET ADDRESS	3125 ALBERT CT	
CITY-ST-ZIP	PENSACOLA FL 32583	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAROL BAILEY-STEWART	
STREET ADDRESS	7253 Highway 90	
CITY-ST-ZIP	MILTON FL 32583	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-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:

CAROL BAILEY-STEWART

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/00

Date

850-626-1149

Daytime Phone #

CR2E034 (9/99)