

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000001707

1. Entity Name

BAYLIS RISK MANAGEMENT & CONSULTING INC.

FILED
Jan 20, 2001 8:00 am
Secretary of State

01-20-2001 90025 036 ***150.00

0066698

Principal Place of Business

4321 N LAKE ORLANDO PARKWAY
ORLANDO FL 32808

Mailing Address

4321 N LAKE ORLANDO PARKWAY
ORLANDO FL 32808

A0007415



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3622871

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

BAYLIS, CHARLES R JR
4321 N LAKE ORLANDO PARKWAY
ORLANDO FL 32808

Name

7. Name and Address of New Registered Agent

FL

8. The above named entity, is the agent for the purpose of registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature typed in block and name of registered agent and (NOTE: Registered Agent signature required when reinstating)

(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, 2001 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
*Pres. VP. Treas.
Charles R. Baylis Jr. Dir
4321 N. Lake Orlando Pkwy
Orlando, FL 32808*

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Pres. 407-869-0962

X347

CR2E034 (10/00)