2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State
05-22-2001 90041 020 ***150.00

770131

DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000065297

1. Entity Name
B W Bales Inc

Principal Place of Business — Mailing Address
1221 Bryn Mawr St
Orlando Fl 32804

2. Principal Place of Business	3. Mailing Address
1221 Bryn Mawr St	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orlando Fl	City & State:
Zip: 32804 — Country: USA	Zip: — Country:

4. FEI Number: 59-3622187 ☐ Applied For ☐ Not Applicable

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
Wray Petry	Name
1221 Bryn Mawr St	Street Address (P.O. Box Number is Not Acceptable)
Orlando Fl 32804	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.

SIGNATURE: Wray Petry — 5/1/2001
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, 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	President	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	Wray Petry		NAME		
STREET ADDRESS	1221 Bryn Mawr St		STREET ADDRESS		
CITY-ST-ZIP	Orlando Fl 32804		CITY-ST-ZIP		
TITLE	Sect	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	Betty Petry		NAME		
STREET ADDRESS	1221 Bryn Mawr St		STREET ADDRESS		
CITY-ST-ZIP	Orlando Fl 32804		CITY-ST-ZIP		
TITLE	V.P.	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	Randall Petry		NAME		
STREET ADDRESS	1108 W. Ikinson St		STREET ADDRESS		
CITY-ST-ZIP	Orlando Fl 32803		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-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (11/00)

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: Wray Petry — 5/1/2001 — 407-423-3878
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #