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J. BAILE	T GHOUF	, INC.		<b>~</b>			(6	01 00	T-4 A	H 10: 0(	)		
Principal Place of Business 786 LIGHTHOUSE COVE SANFORD FL 32773				Mailing Address 786 LIGHTHOUSE COVE SANFORD FL 32773			<b>ツ</b>	SECRETARY OF STATE					
2. Principal Place of Business				3. Mailing Address					II <b>et</b> ili <b>e</b> lii <b>e</b> lii	BAKI   BAKK BAK	GI JETOK IJULU EJIO	E <b>DIO</b> 1 <b>8</b> (1)  10 <b>0</b> f	
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City & State				City & State			4.	FEI Number	9 365	5063	1 —	pplied For ot Applicable	}
Zip		Country		Zip	Cour		5.	Certificate of	Status Desired		\$8.75 Ad Fee Require		
<del></del> -	6. Name	and Address of	Current Re	egistered Agent	<u> </u>			Name and Ac	Idress of Nev	r Registered	!Agent"	* <u> </u>	1
BAILEY, J	IAMES P					Name Street Addr	ess (P.O.	Box Number is	Not Accepta	,			-
	THOUSE C						•						4
SANFORI	D FL 32773			•									
					City				F	Zip Coo	le	7	
8. The above	named entit	submits this sta	tement for t	he purpose of changing its	register	ed office or rec	pistered ac	gent, or both, i	n the State of	Florida.			1
	•	•		• •	_			-					
SIGNATURE .	Signature, typed	or printed name of regis	stered agent and	title if applicable. (NOTE	: Registere	d Agent signature re	quired when I	reinstating)	· · · · · · · · · · · · · · · · · · ·	DATE		<del></del>	
9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so.  FILE NOW!!!  After September 12, 2							750.00	1	on Campaign	•		0 May Be	
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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.													
SIGNAT	ure.	SIGN	NE S	25. <del>20</del> 01R	ED	9/3	101	)					\
JANA	VIII	SIGNATURE AND	TYPED OR PRI	FEU NAME OF SIGNING OFFICER	SR DIRECT			<del></del> -	Date		Daytime Phone #		



## Better Business Services, Inc.

Bookkeeping · Payroll Processing · Income Tax Preparation

August 27, 2001

Affachment HP00000081685

## Division of Corporation

Re: J. Bailey Group, Inc.

Doc#:P00000081685

We are writing this to inform you, that this is only one, out of about a dozen clients that we have, who are receiving second notices on the Uniform Business Reports. The situation is that these clients always pay their taxes on time. They are coming to us upset about the second notice when they never received the first one. The thing that I should point out is that these clients have not moved in recent years, they still have the same address. Due to the fact that none of these clients ever received the first report please accept their checks for \$150 and waive the penalty of \$400. Thank you for checking into this matter.

Better Business Services, Inc.