2002	UNIFORM	BUSINESS	REPORT	(UBR)
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DOCUMENT # P0000081685 1. Entity Name J. BAILEY GROUP, INC.				APPROVED AND FILED		
Principal Place of Business 786 LIGHTHOUSE COVE SANFORD FL 32773		Mailing Address 786 LIGHTHOUSE COVE SANFORD FL 32773		O2 AUG 13 PM 3:.32 SECRETARY OF STATE TAIL ALLASSEE SLOPIDA		
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State		City & State		4. FEI Number 59-3650631 Applied For Not Applicable		
Zip	Country	Zip	Country	5. Certificate of Status Desired		
<u> </u>	6. Name and Address of Current R	egistered Agent	Name	7. Name and Address of New Registered Agent		
BAILEY, JAMES P 786 LIGHTHOUSE COVE SANFORD FL 32773			Street Address	s (P.O. Box Number is Not Acceptable)		
SANFORD	rL 32//3		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	gnature, typed or printed name of registered agent an	d title if applicable. (NOTE: R	egistered Agent signature requir	red 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 \$550 After September 13, 2002 Fee will I Make Check Payable to Department			002 Fee will be \$75			
11.	OFFICERS AND D	IRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
NAME STREET ADDRESS	D Bailey, James P 786 Lighthouse Cove Sanford Fl 32773	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	40000717088峰		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
NAME STREET ADORESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition Gection 119.07(3)(i), Florida Statutes. I further certify that the information		

Attachment p00000081685-

Dear Sirs.

After my recent phone conversation with you, I now know that I am filing this late. I would respectfully request that you please accept my enclosed check for \$150.00 and process my report.

Although I am a very good programmer (by profession), I will admit to being somewhat lacking in skills/knowledge in the business practices arena. For that reason I have always retained an accountant to take care of all my various business related requirements – this form included.

Unfortunately, my accountant of several years, was struck by illness this year and, in fact, recently passed. If you would like verification, you can find her information listed below.

I have now, until I can find another accountant, taken on the duties for many tasks normally performed by her. This form has shown up as one of those tasks.

With that in mind, again, I would hope that you will accept my apologies for the late report and accept and process my report.

Thank you for your consideration.

Jim Bailey
J Bailey Group

Previous-Accountant:

Lillian Coy
Better Business Services
1621 E Hillcrest St
Orlando, FL
(407) 896-2481