

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2002 8:00 am
Secretary of State

05-17-2002 90024 022 ***150.00

DOCUMENT # P01000017613

1. Entity Name

BAGLEY LAND HOLDINGS, CORP.

Principal Place of Business

**10680 TULIPTREE COURT
 LEHIGH ACRES FL 33936**

Mailing Address

**10680 TULIPTREE COURT
 LEHIGH ACRES FL 33936**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1082580

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**BAGLEY, MARSHALL
 10680 TULIPTREE COURT
 LEHIGH ACRES FL 33936**

7. Name and Address of New Registered Agent

Name

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

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

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, 2002 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	Chairman	<input type="checkbox"/> Delete
NAME	Marshall Bagley	
STREET ADDRESS	10680 Tuliptree Ct	
CITY-ST-ZIP	Lehigh Acres, FL 33936	
TITLE	President	<input type="checkbox"/> Delete
NAME	Marshall Bagley	
STREET ADDRESS	10680 Tuliptree Ct.	
CITY-ST-ZIP	Lehigh Acres, FL 33936	
TITLE	Vice President	<input type="checkbox"/> Delete
NAME	Dawn E. Bagley	
STREET ADDRESS	10680 Tuliptree Ct.	
CITY-ST-ZIP	Lehigh Acres, FL 33936	
TITLE	Secretary	<input type="checkbox"/> Delete
NAME	Marshall Bagley	
STREET ADDRESS	See above	
CITY-ST-ZIP		
TITLE	Treasurer	<input type="checkbox"/> Delete
NAME	Marshall Bagley	
STREET ADDRESS	See above	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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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		

CR2E034 (9/01)

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

7/24/02

Date

941 369 3919

Daytime Phone #