

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91838 034 \*\*\*150.00

DOCUMENT # **P01000026842**

1. Entity Name  
**Bailey's Market ON The Bay, INC.**



**DO NOT WRITE IN THIS SPACE**

**70050967**

2. Principal Place of Business  
**24200 U.S. Hwy 331-S**  
Suite, Apt. #, etc.

3. Mailing Address  
**P.O. Box 2089**  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**Santa Rosa Bch, FL**  
Zip  
**32459**  
Country  
**Walton**

City & State

4. FEI Number  
**59-371.7204**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
**Connie Bailey**

Street Address (P.O. Box Number is Not Acceptable)  
**24200 U.S. Hwy 331-S**

City  
**Santa Rosa Bch**

FL

Zip Code  
**32459**

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 **Connie Bailey**  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4-24-03**  
DATE

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Connie Bailey**  
**President**  
**24200 U.S. Hwy 331 South**  
**Santa Rosa Bch FL**  
**32459**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: **Connie Bailey Pres.**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **854/267-0680**  
Daytime Phone #

CR2E034B (12/02)