

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 11, 2003 8:00 am
Secretary of State

09-11-2003 90093 029 ***150.00

0118741 AT

DOCUMENT # P02000124649

1. Entity Name

LINDA B. BAYLES, P.A.



Principal Place of Business
1561 SANDY SPRINGS DR
ORANGE PARK FL 32003

Mailing Address
1561 SANDY SPRINGS DR
ORANGE PARK FL 32003



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

59-3762400

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~BAYLES, LINDA B~~
~~1561 SANDY SPRINGS DR~~
~~ORANGE PARK FL 32003~~

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
BAYLES, LINDA B
1561 SANDY SPRINGS DR
ORANGE PARK FL 32003 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/9/03

Date

Daytime Phone #

CR2E034 (4/03)

Attachment
86147122
PO2000124649

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314


Re: Application for Reinstatement
Document #

Dear Sir and/or Madam:

I am submitting your 2003 For Profit Corporation Uniform Business Report along with full payment. I am requesting you consider the following two factors as grounds for abatement of the penalties due to your reasonable cause and due diligence criteria. We did not receive any earlier notification for the Uniform Business Report and we rely on the services of a paid tax practitioner for all of our tax form preparation and filings.

Thank you for your prompt attention and consideration to this matter.

Sincerely,


Corporate President