

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

FILED
May 06, 2005 8:00 am
Secretary of State

05-06-2005 90088 036 ***150.00

DOCUMENT # **PD3000099093**

1. Entity Name

MH Baillie Associates, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3471 NE 17 Terrace

Suite, Apt. #, etc.

3. Mailing Address

3471 NE 17 Terrace

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

40083465

City & State

Oakland Park, FL

City & State

Oakland Park, FL

4. FEI Number

206220713

Applied For

Not Applicable

Zip

Country

33334-5356

USA

Zip

Country

33334-5356

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Carol Baillie

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

3471 NE 17 Terrace

City

Oakland Park

FL

Zip Code

33334-5356

**DO NOT WRITE
IN THIS SPACE**

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 resigning)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY - ST - ZIP
**P/D
Carol Baillie
3471 NE 17 Terrace
Oakland Park, FL 33334-5356**

TITLE
NAME
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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Carol Baillie
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/05 95A-566-1934
Date Daytime Phone #

CR2E034B (12/01)