

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000086689

1. Entity Name
BAIN & ASSOCIATES, INC.

Principal Place of Business
13941 GERANIUM PL
WEST PALM BEACH FL 33414

Mailing Address
509 RIDGEHAVEN CIR.
WINSTON SALEM NC 27104

2. Principal Place of Business

3. Mailing Address

160 LOWER BROOK CT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CLEMMONS, NC

Zip

Country

27012

Country

FORSYTH

6. Name and Address of Current Registered Agent

BAIN, SHERRI
1001 ALT AIA
JUPITER FL 33477

4. FEI Number 56-1854658

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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 

(NOTE: Registered Agent signature required when reinstating)

DATE

9/1/01

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 D
NAME BAIN, SHERRI
STREET ADDRESS 509 RIDGEHAVEN
CITY-ST-ZIP WINSTON SALEM NC 27104 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE BAIN, SHERRI
NAME BAIN, SHERRI
STREET ADDRESS 160 LOWER BROOK CT.
CITY-ST-ZIP CLEMMONS, NC 27012 ☒ Change ☐ Addition

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

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

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

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

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

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

SHERRI BAIN 9/1/01

Date

Daytime Phone #

336 2120180

FILED
Sep 10, 2001 8:00 am
Secretary of State

09-10-2001 90059 015 ***550.00



DO NOT WRITE IN THIS SPACE

0133127 AT

CR2E034 (5/01)