

**2002 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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

04-17-2002 90164 029 ***150.00

DOCUMENT # P95000070445

1. Entity Name

BAILEY CARPENTRY INC.

DO NOT WRITE IN THIS SPACE

831522

2. Principal Place of Business
3307 QUEEN PALM DR

Suite, Apt. #, etc.

3. Mailing Address
3307 QUEEN PALM DR

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
EDGEWATER FL 32141

City & State
EDGEWATER FL 32141

4. FEI Number
59-3334339

Applied For
Not Applicable

Zip
32141

Country
VOLUSIA

Zip
32141

Country
VOLUSIA

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

BAILEY, SCOTT E

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

3307 QUEEN PALM DR

City

EDGEWATER

FL

Zip Code
32141

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.

(NO IL: Registered Agent signature required when reconstating)

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
P
NAME
BAILEY, SCOTT R
STREET ADDRESS
3307 QUEEN PALM DR
CITY - ST - ZIP
EDGEWATER FL 32141

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
VST
NAME
BAILEY, PAULA
STREET ADDRESS
3307 QUEEN PALM DR
CITY - ST - ZIP
EDGEWATER FL 32141

TITLE
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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)(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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-6-02 (386) 423-5314

CR2E034B (12/01)