

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000075465

1. Entity Name

BAILEY/MARSH CLEANING SERVICES, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90371 023 ***150.00

Principal Place of Business

Mailing Address

2954B PARK ST
JACKSONVILLE FL 32205
US

PO BOX 60653
JACKSONVILLE FL 32236-0653
US

00077210



DO NOT WRITE IN THIS SPACE

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

59-3403414

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BAILEY, ERNESTINE
2954 B PARK ST
JACKSONVILLE FL 3205

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME BAILEY, ERNESTINE
STREET ADDRESS 2954B PARK ST
CITY-ST-ZIP JACKSONVILLE FL 32205 ☐ Delete

TITLE D
NAME MARSH, DAWN
STREET ADDRESS 2954B PARK ST
CITY-ST-ZIP JACKSONVILLE FL 32205 ☒ Delete

TITLE AS
NAME LOCKHART, ROBERT
STREET ADDRESS 2350 MYRA ST
CITY-ST-ZIP JACKSONVILLE FL 32204 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME Pres. Ernestine Bailey
STREET ADDRESS 2954B Park Street
CITY-ST-ZIP JACKSONVILLE FL 32205 ☐ Change ☐ Addition

TITLE V-P
NAME VICTORIA HAWKINS
STREET ADDRESS 1734 BROOKVIEW DRIVE SOUTH
CITY-ST-ZIP JACKSONVILLE FL 32246 ☐ 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

Date

Daytime Phone #

CR2E034 (9/99)