

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2001 8:00 am**  
**Secretary of State**

04-11-2001 90038 036 \*\*\*150.00

**DOCUMENT # P97000006849**

1. Entity Name

**BAILEY AND ASSOCIATES, INC.**

Principal Place of Business

2719 RWS RANCH ROAD  
DAVENPORT FL 33837-8862  
US

Mailing Address

2719 RWS RANCH ROAD  
DAVENPORT FL 33837-8862  
US

**C0044888**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2247 Citrus Blvd #254  
Suite, Apt. #, etc.

3. Mailing Address

2247 Citrus Blvd #254  
Suite, Apt. #, etc.

City & State

Leesburg, FL

City & State

Leesburg, FL

4. FEI Number

59-3425399

Applied For

Not Applicable

Zip

34748-3032

Country

USA

Zip

34748-3032

Country

USA

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BAILEY, KENNETH S.  
2719 RWS RANCH ROAD  
DAVENPORT FL 33837-8862

7. Name and Address of New Registered Agent

Name

Kenneth S Bailey

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

2247 Citrus Blvd #254

City

Leesburg

FL

Zip Code  
34748

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 Kenneth S Bailey

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

(NOTE: Registered Agent signature required when re-registering)

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, 2001 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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS BAILEY, SHEILA  
CITY-ST-ZIP 2719 RWS RANCH ROAD  
DAVENPORT FL 33837-5582

TITLE ☐ Delete  
NAME P  
STREET ADDRESS BAILEY, KENNETH S  
CITY-ST-ZIP 2719 RWS RANCH ROAD  
DAVENPORT FL 33837-5582

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME Director  
STREET ADDRESS Bailey, Sheila  
CITY-ST-ZIP 2247 Citrus Blvd #254  
Leesburg, FL 34748-3032

TITLE ☒ Change ☐ Addition  
NAME President  
STREET ADDRESS Bailey, Kenneth S.  
CITY-ST-ZIP 2247 Citrus Blvd #254  
Leesburg, FL 34748-3032

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

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

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

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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: Kenneth S Bailey Kenneth S Bailey 4/11/2001 352-347-5382  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)