

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000013770

1. Entity Name

BAILEY AND ASSOCIATES OF MPLS, INC

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90023 006 ***150.00

Principal Place of Business

Mailing Address

~~MARIAH DRIVE~~

~~2789 MARIAH DRIVE~~

~~FL 32940~~

~~MELBOURNE FL 32940-7162~~

See Below

See Below

2. Principal Place of Business

1450 Country Club DR NE

Suite, Apt. #, etc.

3. Mailing Address

1450 Country Club DR NE

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Palm Bay FL

City & State

Palm Bay FL

4. FEI Number

41-1828375

Applied For

Not Applicable

Zip

FL 32905

Country

USA

Zip

32905

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BAILEY, SUSAN
 2789 MARIAH DRIVE
 MELBOURNE FL 32940

7. Name and Address of New Registered Agent

Name

SUSAN BAILEY

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

1450 Country Club DR NE

City

Palm Bay

FL

Zip Code

32905

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 file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Susan Bailey

1-20-2000

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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	BAILEY, BILL	
STREET ADDRESS	2789 MARIAH DR	
CITY-ST-ZIP	MELBOURNE FL 32990	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BILL BAILEY	
STREET ADDRESS	1450 Country Club DR N.E	
CITY-ST-ZIP	Palm Bay FL 32905	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(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

Susan Bailey

Date

Daytime Phone #

1-20-2000 674-5993

CR2E034 (9/99)