

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2001 8:00 am
Secretary of State
 03-02-2001 90084 038 ***150.00

DOCUMENT # P97000013770

1. Entity Name

BAILEY AND ASSOCIATES OF MPLS, INC

Principal Place of Business

Mailing Address

1450 COUNTRY CLUB DR NE
 PALM BAY FL 32905

1450 COUNTRY CLUB DR NE
 PALM BAY FL 32905

00022786

2. Principal Place of Business

3. Mailing Address

1450 Country Club DR NE

1450 Country Club DR NE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Palm Bay

Palm Bay

City & State

City & State

FL

FL

4. FEI Number 41-1828375

Applied For

Not Applicable

Zip

Country

32905

USA

Zip

Country

32905

USA

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, SUSAN
 1450 COUNTRY CLUB DR NE
 PALM BAY FL 32905

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

Susan M. Bailey

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

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

DATE

2-26-01

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	BAILEY, BILL	
STREET ADDRESS	1450 COUNTRY CLUB DR NE	
CITY-ST-ZIP	PALM BAY FL 32905	
TITLE	VP/Secy	<input type="checkbox"/> Delete
NAME	Susan M. Bailey	
STREET ADDRESS	1450 Country Club DR NE	
CITY-ST-ZIP	Palm Bay FL 32905	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

Susan M. Bailey SUSAN M BAILEY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-26-01 331 674-5993

Date

Day and Phone #

CR2E034 (10/00)