

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90053 009 ***158.75

DOCUMENT # P97000019724

1. Entity Name

BAILEY TIMBER CO., INC.

Principal Place of Business

**RT 2 BOX 648 HWY 71 N
 BLOUNTSTOWN FL 32424**

Mailing Address

**RT 2 BOX 648 HWY 71 N
 BLOUNTSTOWN FL 32424**

2. Principal Place of Business

19872 SR 20W

3. Mailing Address

19872 SR 20W

Suite, Apt. #, etc.

2

Suite, Apt. #, etc.

2

City & State

Blountstown, Fl

City & State

Blountstown, Fl

Zip

32424

Country

US

Zip

32424

Country

US

4. FEI Number

59-3499948

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, ARTHUR SR.
 RT 2 BOX 648 HWY 71 N
 BLOUNTSTOWN FL 32424**

Name

Arthur Bailey, Sr.

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

19572 SR 71N

City

Blountstown, Fl

FL

Zip Code
32424

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, 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 NAME STREET ADDRESS CITY-ST-ZIP	P BAILEY, ARTHUR SR. RT S BOX 648 BLOUNTSTOWN FL 32424	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BAILEY, ARTHUR JR. RT 2 BOX 648 BLOUNTSTOWN FL 32424	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres. Arhtur-Bailey, Sr 19572 SR 71N Blountstown, Fl 32424	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. Arthur Bailey, Jr 16302 NW Willard Smith Rd Blountstown, Fl 32424	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Arthur Bailey Sr.
Signature and Typed or Printed Name of Signing Officer or Director

1-23-01
 Date

850 674-2080
 Daytime Phone #

CR2E034 (10/00)