

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90141 012 ***150.00

DOCUMENT # P97000034004

1. Corporation Name
BAILEYS AUTO SERVICE, INC.



Principal Place of Business
719 NW 1ST STREET
FT LAUDERDALE FL 33311

Mailing Address
719 NW 1ST STREET
FT LAUDERDALE FL 33311

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/15/1997

4. FEI Number

65-0744372

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21 3150 NW 17 Street

26 3150 NW 17 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 # 2

27 # 2

City & State

City & State

23 Ft. Lauderdale, FL

28 Ft. Lauderdale FL

Zip

Zip

24 33311

Country

Country

25 USA

29 33311

Country

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BAILEY, MICHAEL
719 NW 1ST STREET
FT LAUDERDALE FL 33311

81 Name Bailey, Michael

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

3150 NW 17 Street

83 # 2

84 City Ft. Lauderdale FL

85 Zip Code

33311

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE

NAME BAILEY, MICHAEL
STREET ADDRESS 719 NW 1ST STREET
CITY-ST-ZIP FT LAUDERDALE FL 33311

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

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP ☒ Change ☐ Addition

1.2 NAME Bailey, Michael
1.3 STREET ADDRESS 3150 NW 17 Street #2
1.4 CITY-ST-ZIP Ft. Lauderdale FL 33311

2.1 TITLE D Sec/Treas ☐ Change ☒ Addition

2.2 NAME Moore, Patricia Ann
2.3 STREET ADDRESS 3150 NW 17 Street #2
2.4 CITY-ST-ZIP Ft. Lauderdale FL 33311

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Michael Bailey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/99

Date

954-733-1340

Daytime Phone #

CRZE034 (11/98)

0280944