

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000034004

1. Entity Name

BAILEYS AUTO SERVICE, INC.

Principal Place of Business

3150 NW 17 ST STE 2
FT LAUDERDALE FL 33311

Mailing Address

3150 NW 17 ST STE 2
FT LAUDERDALE FL 33311-4300

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

BAILEY, MICHAEL
3150 NW 17 ST STE 2
FT LAUDERDALE FL 33311

7. Name and Address of New Registered Agent

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

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, 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 PDVP
NAME BAILEY, MICHAEL
STREET ADDRESS 3150 NW 17 ST STE 2
CITY-ST-ZIP FT LAUDERDALE FL 33311

TITLE DST
NAME MOORE, PATRICIA ANN
STREET ADDRESS 3150 NW 17 ST STE 2
CITY-ST-ZIP FT LAUDERDALE FL 33311

TITLE
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STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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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: *Patricia A Moore* PATRICIA Ann Moore
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 1/4/00 Daytime Phone #: 954-733-1340

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90491 020 ***150.00

039028



DO NOT WRITE IN THIS SPACE

CP 1 0:14 (9/99)