

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90754 022 ***150.00

DOCUMENT # *P 97000101460*

1. Entity Name

JIM BAILEY, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2514 FAWN LAKE TRAIL

3. Mailing Address

2514 FAWN LAKE TRAIL

Suite, Apt. #, etc.

0 PLANO, FL.

Suite, Apt. #, etc.

0 PLANO, FL.

City & State

City & State

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0799039

Applied For

Not Applicable

Zip
32828

Country

US

Zip
32828

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Jim Bailey

(NOTE: Registered Agent signature required when reinstating)

DATE

4-25-04

January 1 - May 1, Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PRESIDENT
Jim Bailey
2514 FAWN LAKE TRAIL
0 PLANO FL. 32828

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE

Jim Bailey
Jim Bailey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-25-04

Daytime Phone #

(407)
281-0168

CR2E034B (12/02)