

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2002 8:00 am**  
**Secretary of State**  
 04-16-2002 90147 024 \*\*\*150.00

**DOCUMENT # P98000069547**

1. Entity Name  
**NED BAILEY, INC.**

Principal Place of Business

**COASTAL HWY  
 PANACEA FL 32346**

Mailing Address

**PO BOX 1019  
 PANACEA FL 32346**

0000000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**59-3526430**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**BAILEY, NED E  
 170 LEVY BAY RD  
 PANACEA FL 32346**

7. Name and Address of New Registered Agent

Name **Bailey, Ned E.**

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

**1315 Coastal Hwy**

City **Panacea, FL 32346**

**FL**

Zip Code **32346**

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, 2002 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	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BAILEY, NED E</b>	
STREET ADDRESS	<b>4054 DELVIN DR</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32308</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BAILEY, NANCY L</b>	
STREET ADDRESS	<b>4054 DELVIN DR</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32308</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BAILEY, NATALIE</b>	
STREET ADDRESS	<b>4054 DELVIN DR</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32308</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BAILEY, NEIL</b>	
STREET ADDRESS	<b>4054 DELVIN DR</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32308</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BAILEY, NISSA</b>	
STREET ADDRESS	<b>4054 DELVIN DR</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32308</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Ned E. Bailey</b>	
STREET ADDRESS	<b>PO Box 1019</b>	
CITY-ST-ZIP	<b>Panacea FL 32346</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Bailey, Natalie</b>	
STREET ADDRESS	<b>PO Box 10A</b>	
CITY-ST-ZIP	<b>Panacea FL 32346</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Bailey, Neil</b>	
STREET ADDRESS	<b>PO Box 1019</b>	
CITY-ST-ZIP	<b>Panacea, FL 32346</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Crawford, Jean Marie</b>	
STREET ADDRESS	<b>PO Box 1019</b>	
CITY-ST-ZIP	<b>Panacea, FL 32346</b>	

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:

**SIGNED** **Ned E. Bailey**

**4-4-02 9844663**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)