

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2002 8:00 am
Secretary of State

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 AV

02-24-2002 90025 034 ***150.00

DOCUMENT # P98000092167

1. Entity Name

BAILEY AND BAILEY SAFETY CONSULTANTS, INC.

Principal Place of Business

Mailing Address

1025 S SEMORAN BLVD
 STE 1093
 WINTER PARK FL 32792
 US

1025 S SEMORAN BLVD
 STE 1093
 WINTER PARK FL 32792
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1035 S. Semoran Blvd

1035 S. Semoran Blvd

Suite, Apt. #, etc.
 1029 Suite

Suite, Apt. #, etc.
 Suite 1029

City & State

City & State

Winter Park, FL

Winter Park, FL

4. FEI Number

59-3545024

Applied For

Not Applicable

Zip

Country

32792

US

Zip

Country

32792

US

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, ALBERT C
 1025 S SEMORAN BLVD
 STE 1093
 WINTER PARK FL 32792

Name

Albert C. Bailey

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

1035 S. Semoran Blvd

Suite 1029

City

Winter Park

FL

Zip Code
 32792

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	BAILEY, MICHELLE	
STREET ADDRESS	3916 STONEHAVEN RD.	
CITY-ST-ZIP	WINTER PARK FL 32817	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BAILEY, ALBERT C	
STREET ADDRESS	3916 STONEHAVEN RD	
CITY-ST-ZIP	ORLANDO FL 32817	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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: *Albert C. Bailey* Albert C. Bailey

2-13-02 407-679-7601

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)