

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000104186

1. Entity Name

BAILEY ENROLLMENT SERVICES, INC.

FILED

May 02, 2000 8:00 am  
Secretary of State

05-02-2000 90162 034 \*\*\*150.00

Principal Place of Business

Mailing Address

SAME

RT. 3 BOX 181  
HAVANA FL 32333

5810-400 N. MONROE ST.. #186  
TALLAHASSEE FL 32303

New E911 Address:

2. Principal Place of Business

1288 Salem Road

3. Mailing Address

5810-400 N. Monroe St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#186

City & State

Havana FL

City & State

Tallahassee

Zip

32333

Country

Gadsden

Zip

FL

Country

32303

4. FEI Number

59-3546299

Applied For

Not Applicable

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

KOWALCHYK, DEAN C  
4515 ARGYLE LN.  
TALLAHASSEE FL 32308

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME D  
STREET ADDRESS BLAIR, BILLY RAY  
CITY-ST-ZIP RT. 3 BOX 181  
HAVANA FL 32333

TITLE ☒ Change ☐ Addition  
NAME D Blair, Billy Ray  
STREET ADDRESS 1288 Salem Road  
CITY-ST-ZIP Havana FL 32333

TITLE ☐ Delete  
NAME D  
STREET ADDRESS BAILEY, VIRGINIA  
CITY-ST-ZIP RT. 3 BOX 181  
HAVANA FL 32333

TITLE ☒ Change ☐ Addition  
NAME D Bailey, Virginia  
STREET ADDRESS 1288 Salem Road  
CITY-ST-ZIP Havana FL 32333

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

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

Date

Daytime Phone #

CR2E034 (9/99)