

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90081 004 ***150.00

DOCUMENT # P99000002656

1. Entity Name

BAIR CONSTRUCTION, INC.

Principal Place of Business

Mailing Address

1451 BEACON DRIVE
 PORT CHARLOTTE FL 33952

1451 BEACON DRIVE
 PORT CHARLOTTE FL 33952-2911

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0893556

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BAIR, KIMBERLY M
1451 BEACON DRIVE
PORT CHARLOTTE FL 33952

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	D	<input checked="" type="checkbox"/> Delete
NAME	BAIR, RANDY EUGENE	
STREET ADDRESS	6620 225TH STREET, E.	
CITY-ST-ZIP	BRADENTON FL 34202	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BAIR, BRENDA ROAN	
STREET ADDRESS	6620 225TH STREET, E.	
CITY-ST-ZIP	BRADENTON FL 34202	
TITLE	D	<input type="checkbox"/> Delete
NAME	BAIR, ROBERT ALLAN	
STREET ADDRESS	6620 225TH STREET, E.	
CITY-ST-ZIP	BRADENTON FL 34202	
TITLE	D	<input type="checkbox"/> Delete
NAME	BAIR, KIMBERLY M	
STREET ADDRESS	6620 225TH STREET, E.	
CITY-ST-ZIP	BRADENTON FL 34202	
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		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V.P. Sec.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAIR, Robert ALAN	
STREET ADDRESS	1451 Beacon Dr.	
CITY-ST-ZIP	PT Charlotte Fla 33952	
TITLE	Pres + Tres.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAIR, Kimberly M.	
STREET ADDRESS	1451 Beacon Dr.	
CITY-ST-ZIP	PT Charlotte Fla 33952	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *[Handwritten Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-00
 Date

941-766 7064
 Daytime Phone #

CR2E034 (9/99)