

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**

05-01-2002 91477 023 \*\*\*158.75

**DOCUMENT # P99000002656**

1. Entity Name  
**BAIR CONSTRUCTION, INC.**

Principal Place of Business  
**1451 BEACON DRIVE  
 PORT CHARLOTTE FL 33952**

Mailing Address  
**1451 BEACON DRIVE  
 PORT CHARLOTTE FL 33952**

2. Principal Place of Business  
**1451 Beacon Dr**

3. Mailing Address  
**1451 Beacon Dr.**

Suite, Apt. #, etc.  
**N/A**

Suite, Apt. #, etc.  
**N/A**

City & State  
**Port Charlotte Fla**

City & State  
**Port Charlotte Fla**

Zip Country  
**33952 Charlotte**

Zip Country  
**33952 Charlotte**



DO NOT WRITE IN THIS SPACE

4. FEI Number  
**65-0893556**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**BAIR, KIMBERLY M  
 1451 BEACON DRIVE  
 PORT CHARLOTTE FL 33952**

**7. Name and Address of New Registered Agent**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b> 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, 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>VS BAIR, ROBERT ALLAN 1451 BEACON DRIVE PORT CHARLOTTE FL 33952</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD BAIR, KIMBERLY M 1451 BEACON DRIVE PORT CHARLOTTE FL 33952</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CR2E034 (9/01)

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:** *Kimberly M Bair* **REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-20-02 941-766-9043**  
Date Daytime Phone #