

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

3. Mailing Address

1451 Beacon Dr

1451 Beacon Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

N/A

N/A

City & State

City & State

Port Charlotte Fla

Port Charlotte Fla

Zip

Country

Zip

Country

33952

Charlotte

33952

Charlotte

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, 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 **VS**
 NAME **BAIR, ROBERT ALLAN**
 STREET ADDRESS **1451 BEACON DRIVE**
 CITY-ST-ZIP **PORT CHARLOTTE FL 33952**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **PD**
 NAME **BAIR, KIMBERLY M**
 STREET ADDRESS **1451 BEACON DRIVE**
 CITY-ST-ZIP **PORT CHARLOTTE FL 33952**

☐ Delete

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☐ Change ☐ Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-02 941-766-9043

Date

Daytime Phone #

CR2E034 (9/01)