

2000 UNIFORM BUSINESS REPORT (UBR)

8/1

FILED
Sep 11, 2000 8:00 am
Secretary of State

08-10-2000 90007 010 ***150.00

DOCUMENT # *P99000026398*

1. Entity Name *Bayless Insurance Inc.*

Principal Place of Business Mailing Address

324 Eunice Road
Lakeland, FL 33803

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3545440

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Deanna J. Bayless
324 Eunice Road
Lakeland, FL 33803

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

Deanna J. Bayless

Signature, typed or printed name of registered agent and see if applicable

(NOTE: Registered Agent signature required when reinstating)

8-20-00

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 *President* ☐ Delete
 NAME *Deanna J Bayless*
 STREET ADDRESS *Lakeland, FL 33803*
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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:

Deanna J. Bayless

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Deanna J. Bayless

Date

8-5-00

Daytime Phone #

810-3-686-2814

CR2E034 (9/99)

Attachment D#P99000026398

309663

BAYLESS INSURANCE

August 5, 2000

Uniform Business Report
Division of Corporations
P. O. Box 1500
Tallahassee, FL 32302-1500

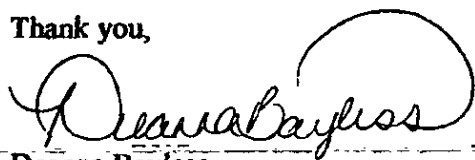
Re: Bayless Insurance Inc.
Uniform Business Report
Forms: 210. COR Profit A/R

To Whom it May Concern:

Enclosed is the 2000 Uniform Business Report for my company. The first receipt of this form was on July 23, 2000, which was past the May 1, 2000 deadline. Therefore, I was informed that I would be required to send in my completed form along with the \$150.00 fee.

Should you need any additional information, please contact me at the address listed below.

Thank you,



Deanna Bayless

CC: Sandy O'Connell
Legal Assistant to Eduardo F. Morrell

324 Eunice Road Lakeland, FL 33803
Phone (941) 640-5619 Fax (941) 802-8424
Dbayless10@aol.com