2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

P99000028246 DOCUMENT

1. Entity Name

BAILEY'S BY THE BAY, INC.



FILED Apr 11, 2003 8:00 am Secretary of State

04-11-2003 90185 008 ***150.00

Principal Place of Business P.O BOX 1019 PANACEA FL 32346-1019 US		Mailing Address P.O BOX 1019 PANACEA FL 32346-1019 US										
2. Principal Place of Bus	3. Mailing Address						HIN	B) (D)]B HOH U	I			
Suite, Apt. #, etc.		Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES						
City & State		City & State				-	4. FEI	Number 59-3568300		<u> </u>	oplied For ot Applicable	-
Zip	Country	Zip		Country			5. Cer	tificate of Status Desired		\$8.75 Ade]
6. Nam			-	7 Nan	e and Address of New Reg	istered A	gent.		1			
BAILEY, NED EDWARD					Name		·	•				
1315 COASTAL HWY				Street A	ddress (F	P.O. Box	Number is Not Acceptable)					
							_					1
PANACEA FL 32346						·						╛
					City				FL	Zip Cod	e	
the obligations of regis	stered agent.							or both, in the State of Floric		amiliar with,	and accept	
	d or printed name of registered agent a	ind title if app	plicable. (NOTE:	Hegistere	d Agent signatu	re required v	when reinsta	ding)	DATE		4-]
FILE NOW After May 1, 20 Make Check Payable 1	1 State						Election Campaign Finan Trust Fund Contribution.	cing		May Be to Fees		
10.	OFFICERS AND DIRECTORS)RS	11.	11.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
NAME BAILEY, N STREET ADDRESS	IED EDWARD		☐ Delete	TITLE NAMI STRE		POB	04 10	19 ~ 14 32741	•	Change	☐ Addition	(00/07)
CITY-ST-ZIP TALLAHA	SSEE-EL_32308			CITY	-ST-ZIP	Por	aer	~ F1 32741				Ì
NAME BAILEY, N STREET ADDRESS CITY-ST-ZIP PANACEA			☐ Delete							Change	☐ Addition	Gay
TITLE		<u> </u>	Dèlete	~ TITLE	ي سي. د	-1.2				Change	Addition	1
NAME			C Delete	NAMI						- cuango		1
STREET ADDRESS					- Et address							
CITY-ST-ZIP				CITY	ST-ZIP							
TITLE			☐ Delete	TITLE						☐ Change	Addition	1
NAME				NAM	:	l				_ ,		
STREET ADDRESS				STRE	ET ADDRESS							1
CITY-ST-7IP				CITY.	ST-7/P							1

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

TITLE

NAME

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE NAME

TITLE NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

☐ Delete

Daytime Phone #

☐ Change

☐ Change

☐ Addition

☐ Addition