2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 02, 2001 8:00 am Secretary of State **DOCUMENT # \$32626** 1. Entity Name DALE B. BAILEY, INC. 04-02-2001 90070 050 ***150.00 Mailing Address Principal Place of Business DALE B. BAILEY, INC 402 E OCEAN AVE 402 E OCEAN AVE **BOYNTON BEACH FL 33435** 735598 **BOYNTON BCH FL 33435** 2. Principal Place of Business 3. Mailing Address 403R NE 3 RD Street PO Box DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0247155 Not Applicable Reach Boynton \$8.75 Additional \Box 5. Certificate of Status Desired USA Fee Required 33425 33435 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BAILEY, DALE B. Street Address (P.O. Box Number is Not Acceptable) 2802 SW 6TH ST **BOYNTON BEACH FL 33435** 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change TITLE ☐ Delete TITI F NAME BAILEY, DALE B. NAME STREET ADDRESS 2802 SW 6TH ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOYNTON BEACH FL** ☐ Addition Change □ Delete TITLE TITLE KRAUSER, CHRISTOPHER NAME NAME 1310 SW 27TH Place Bounton Reach, FL 33426 STREET ADDRESS STREET ADDRESS 210 S.W: 9TH AVE. CITY-ST-ZIP CITY-ST-ZIP BOYNTON BEACH FL ■ Addition Delete TITLE HHF. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 with an address, with all other like empowered. changed, or on an attach, SIGNATURE: