## 2001 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # \$35991**

3164 MEDINAH CIRCLE

## Feb 14, 2001 8:00 am Secretary of State 1. Entity Name BAYLY W. POOLE INC. 02-14-2001 90027 012 \*\*\*150.00 Principal Place of Business Mailing Address 3164 MEDINAH CIRCLE LAKE WORTH FL 33467 LAKE WORTH FL 33467 2. Principal Place of Business 731-2 NE 124h Terr 73/-2 NE 12+4 Terr Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0255899 Boynton Beach Not Applicable \$8.75 Additional 5. - Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name POOLE, BAYLY W. Street Address (P.O. Box Number is Not Acceptable) 3164 MEDINAH CIRCEL LAKE WORTH FL 33467 731-2 NE 12th Terrace City Boynton Beach FL 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 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 (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. TITI F Delete TITLE 731-2 NE 12+4 Terrace POOLE, BAYLY W. MARKE Boynton Beach, FL 33435 Boynton Beach, FL 33435 STREET ADDRESS 3164 MEDINAH CIRCLE STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP LAKE WORTH FL **VPD** ☐ Delete TITLE TITLE 731-2 NE 12th Terrace Boynton Beach, FL 33435 POOLE, WILLIAM S NAME NAME 3164 MEDINAH CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKE WORTH FL CITY-ST-ZIP ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

PRINTED NAME OF SIGNING OFFICER OR

William S Poole 2-1+2001 561-793-9000

FILED