2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2000 8:00 am
Secretary of State
04-24-2000 90093 027 ***150.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # 374913

1. Entity Name

BACKUS ENTERPRISES, INCORPORATED

Principal Place of Business	Mailing Address
876 16TH PLACE APT 2 VERO BEACH FL 32961 US	PO BOX 622915 OVIEDO FL 03431-0403 US

2. Principal Place of Business: 59 Valley Street	3. Mailing Address: P. O. Box 403
Suite, Apt. #, etc.: Apt. 1	Suite, Apt. #, etc.
City & State: Keene, New Hampshire	City & State: Keene, New Hampshire
Zip: 03431 - Country: USA	Zip: 03431 Country: USA

4. FEI Number 59-1351602 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GUHSE', FREDERICK B. 1084 LAUREL OAKS CT OVIEDO FL 32765	Name: ROBERT J. GORMAN, Street Address (P.O. Box Number is Not Acceptable): 1209 DELAWARE AVE. City: FT. PIERCE **FL** Zip Code: 34950

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: Robert J Gorman DATE: 4/17/00

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	PTD GUHSE', FREDERICK B. 1084 LAUREL OAKS CT OVIEDO FL 32765	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/99)

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: Frederick B. Guhse — Frederick B. Guhse 4/13/2000 April 13, 2000 603-352-5308

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #