

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90092 001 ***150.00

DOCUMENT # J59047

1. Entity Name
A. BARON CONSTRUCTION COMPANY



Principal Place of Business
1400 GULF SHORE BLVD #223
NAPLES FL 34102
US

Mailing Address
1400 GULF SHORE BLVD #223
NAPLES FL 34102
US



2. Principal Place of Business

800 Harbour Dr #3
Suite, Apt. #, etc.
#3

3. Mailing Address

800 Harbour Dr.
Suite, Apt. #, etc.
#3

City & State
Naples FL

City & State
Naples FL

4. FEI Number
59-2775784

Applied For
Not Applicable

Zip
34103

Country
USA

Zip
34103

Country
USA

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

BARON, AVI
1400 GULF SHORE BLVD #223
NAPLES FL 34102

800 Harbour Dr #3

Name
JOHN PAULICH

Street Address (P.O. Box Number is Not Acceptable)
801 Anchor Bode Dr #203

City
Naples

FL Zip Code
34102

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE
1-29-03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
PD
NAME
BARON, AVI
STREET ADDRESS
1400 GULF SHORE BLVD #223
CITY-ST-ZIP
NAPLES FL 34102 34103

TITLE
address only
NAME
800 Harbour Dr. #3
STREET ADDRESS
Naples
CITY-ST-ZIP
FL 34103

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AVI BARON

1-27-03

Date

239-261-7117

Daytime Phone #

CR2E034 (10/02)