

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 01, 2001 8:00 am**  
**Secretary of State**

03-01-2001 91339 046 \*\*\*150.00

**DOCUMENT # P00000033586**

1. Entity Name  
**BAIDEN GALLERY, INC.**

Principal Place of Business      Mailing Address  
~~7413 S. HOWARD AVE., STE. 210~~      ~~7413 S. HOWARD AVE., STE. 210~~  
~~TAMPA FL 33606~~      ~~TAMPA FL 33606~~

00061104



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
**442 Grand Central Ave #100**      **442 Grand Central Ave #100**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**Tampa FL**      **Tampa FL**  
 City & State      City & State

4. FEI Number      Applied For  
**59-3643293**       Not Applicable

5. Certificate of Status Desired      \$8.75 Additional Fee Required  
       **33606**      **USA**      **33606**      **USA**

6. Name and Address of Current Registered Agent  
**ROIG, RICARDO A ESQ**  
**1715 N. WESTSHORE BLVD., STE. 190**  
**TAMPA FL 33607**

7. Name and Address of New Registered Agent  
 Name **David Weinstein**  
 Street Address (P.O. Box Number's Not Acceptable) **1715 N. Westshore Blvd, Ste. 190**  
 City **Tampa**      **FL**      Zip Code **33607**

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 **Juan D. Bauden**      DATE **2/24/01**  
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.  **FILE NOW!!! FEE IS \$150.00**  
(See criteria on back)      **After MAY 1, 2001 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Susan Bauden</b> <b>4901 W. Bay Way, Place</b> <b>Tampa FL 33629</b> <b>President</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Larry Bauden</b> <b>4901 W. Bay Way, Place</b> <b>Tampa FL 33629</b> <b>Secretary + Treasurer</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Juan D. Bauden**      Date **2/24/01**      Daytime Phone # **(813) 250-1511**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)