

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

U19638
 AV

DOCUMENT # P00000064588

1. Entity Name

F.W. BALDAUF & ASSOCIATES, INC.

05-28-2002 91530 040 ***150.00

Principal Place of Business

1568 CLOVER CIR.
 MELBOURNE FL 32935

Mailing Address

1568 CLOVER CIR.
 MELBOURNE FL 32935

2. Principal Place of Business

719 BROCKTON WAY
 Suite, Apt. #, etc.

3. Mailing Address

719 BROCKTON WAY
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

WEST MELBOURNE

City & State

WEST MELBOURNE

4. FEI Number

59-3656695

Applied For

Not Applicable

Zip

32904

Country

Zip

32904

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BALDAUF, FRANK W
 1568 CLOVER CIR.
 MELBOURNE FL 32935

7. Name and Address of New Registered Agent

Name

BALDAUF, FRANK W.

Street Address (P.O. Box Number is Not Acceptable)

719 BROCKTON WAY

City

WEST MELBOURNE

FL

Zip Code

32904

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

Frank W. Baldauf

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/02

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, 2002 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	D	<input type="checkbox"/> Delete
NAME	BALDAUF, FRANK W	
STREET ADDRESS	1568 CLOVER CIR.	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALDAUF, FRANK W.	
STREET ADDRESS	719 BROCKTON WAY	
CITY-ST-ZIP	WEST MELBOURNE, FL 32904	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

Frank W. Baldauf
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02

Date

Daytime Phone #

CR2E034 (9/01)