## FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

P93000008008

DOCUMENT #

## **FILED** May 30, 2002 8:00 am Secretary of State

05-30-2002 91600 032 \*\*\*150.00

1. Entity Name BARON CONSTRUCTION & DEVELOPMENT CORP. 674116 DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address 1820 Ringling Boulevard PO BOX 20368 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State SARA SOTA City & State FL 4. FEI Number Applied For Sarasota, FL 65-0387517 Not Applicable Country Country \$8.75 Additional USA 34236 5. Certificate of Status Desired USA Fee Required 7. Name and Address of Current Registered Agent DO NOT WRITE Lawrence M. Hankin, P.A. Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE 1820 Ringling Boulevard Sarasota 34236 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 Signature, typod 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 January 1 - May 1 Fee is \$150.00 Tax filing requirement and elects to do so. After May 1, Fee is \$550.00 10. Election Campaign Financing \$5.00 May Be (See criteria on back) Amended UBR is \$61.25 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS TITLE  $\mathbf{p}_{\mathbf{r}}$ TITLE Nelson P. Ohman 44016 ASHTON ROAD CR2E034B (12/01 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA FL 3423 CITY-St-ZIP THE TITLE NAME: NAME STREET ADDRESS STREET ADDRESS City-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME МАМЕ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DO NOT WRITE CITY-ST-7IP TITLE TITLE IN THIS SPACE NAME NAME

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 early, that I am an officer or director attachment with an address, with all order ke emportaged. The executive this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an

STREET ADDRESS

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CITY-ST-ZIP

CITY-ST-7IP

CITY ST-ZIP TITLE

NAME

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NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIP

CITY-SI-ZIP

NAME

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR