

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2002 8:00 am**  
**Secretary of State**

05-05-2002 90310 006 \*\*\*150.00

U103398 AV

**DOCUMENT # P96000005136**

1. Entity Name

**BALDWIN INDUSTRIAL PROPERTIES, INC.**

Principal Place of Business

**200 INDUSTRIAL DRIVE  
 BOX 2  
 ISLAMORADA FL 33036**

Mailing Address

**200 INDUSTRIAL DRIVE  
 BOX 2  
 ISLAMORADA FL 33036**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0651856**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required.**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**CORPORATION COMPANY OF MIAMI  
 201 SOUTH BISCAYNE BOULEVARD  
 1600 MIAMI CENTER  
 MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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TITLE NAME	PT BAUDOIN, HUBERT 200 INDUSTRIAL DR ISLAMORADA FL	TITLE NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE NAME	VPS PRIBYL, DEBRA 130 PALM AVE ISLAMORADA FL	TITLE NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE NAME		TITLE NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE NAME		TITLE NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE NAME		TITLE NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Debra Pribyl*  
**Debra Pribyl**

**4/17/02**

Date **12 Oct 16 11-11 708** Phone #

CR2E034 (9/01)