## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment

SIGNATURE:

## FILED DOCUMENT # P93000026900 Jan 24, 2000 8:00 am 1. Entity Name **Secretary of State** BAUC-WARDS BROKERAGE, INC. 01-24-2000 90077 050 \*\*\*150.00 Principal Place of Business Mailing Address 1743 INDEPENDENCE BLVD 1743 INDEPENDENCE BLVD SARASOTA FL 34234-2145 SARASOTA FL 34234 us 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0399447 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WARD, RAYMOND L JR. Street Address (P.O. Box Number is Not Acceptable) 5542 34TH CT. EAST **BRADENTON FL 34203** 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Addition ☐ Change TITLE Delete TITLE BAUCHER, STACY NAME NAME STREET ADDRESS 109 BROWN ST STREET ADDRESS CITY-ST-ZIP **BRADENTON FL** CITY-ST-ZIP Addition ☐ Delete ☐ Change TITLE WARD, RAYMOND L JR. NAME NAME 5542 34TH CT. EAST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BRADENTON FL 34203** CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE WARD, SANDRA I NAME NAME 5542 34TH CT. EAST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34203** ☐ Delete ☐ Addition TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change □ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE Addition TITLE NAME 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 stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplementa of the corporation or the receiver of the have the same legal effect as if made under oath; that I am an officer or director apply 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if