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

Ward Jr. v/p

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: Raymond L.

May 14, 2002 8:00 am Secretary of State DOCUMENT # P93000026900 05-14-2002 90068 003 ***150.00 1. Entity Name Bauc-Wards Brokerage, Inc. DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address 1909 Manatee Ave. East 1909 Manatee Ave. East Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Bradenton, Fl. Bradenton, F1. 34208 34208 65-0399447 Not Applicable Zip **34208** Country Country \$8.75 Additional 5. Certificate of Status Desired Manatee 34208 Manatee Fee Required 7. Name and Address of Current Registered Agent Ward, Raymond L. Jr. DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE City Bradenton Zip Code 34203 8. The above named entity submits this statement for the purpose of changing its redistered office or registered agent, or both, in the State of Florida. Raymond L. Ward Jr. v/p 4/25/02 SIGNATURE (NOTE: Registered Agent signature required when reinstating) January 1 - May 1 Fee is \$150.00 9. This corporation is eligible to satisfy its Intangible After May 1, Fee is \$550.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be Amended UBR is \$61.25 Trust Fund Contribution. (See criteria on back) X Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS TITLE CR2E034B (12/01) Stacy L Baucher 109 Brown St. NAME STREET ADDRESS STREET ADDRESS Bradenton, Fl. 34208 CITY-ST-ZIP CITY-ST-ZIP TITLE Vice Pres, Raymond L. Ward Jr. NAME NAME 5542 34th Ct. East STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Bradenton, Fl. 34203 CITY-ST-ZIP Sec. Sandra Ward TITLE NAME NAME 5542 34th Ct. East STREET ADDRESS STREET ADDRESS Bradenton, F1. 34203 DO NOT WRITE CITY-ST-ZIP CITY-ST-7IP TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS 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 on an

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941-708-3334