2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

365633 DOCUMENT

1. Entity Name



FILED

03-05-2003 90045 029 ***150.00

BAUGH, i	NC.													
Principal Plac P.O. BOX 188 EUSTIS FL 32 US		Mailing Address P.O. BOX 188 EUSTIS FL 32727-0188 US											1	
2. Principal P	lace of Business	3. Mailing Address						#### # ###############################		i i i i i i i		BIBLI BIBLI IBB.		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					Ε	CHECK HE	RE IF MAK	ING CH	ANGES	ì	_	
City & Stat	e	City & State					4. FEI Number	59-13059	931		\rightarrow	pplied For lot Applicab	le	
Zip	Country	Zip				5. Certificate of Status Desired				S8.75 Additional Fee Required				
	6. Name and Address of Current	Registered A	gent	, -	Name	** * .	7. Name and A	Address of Ne	w Register	ed Age	ńt		\exists	
BAUGH,G			<u> </u>			Street Address (P.O. Box Number is Not Acceptable)								
2815 HWY EUSTIS F	(44 WEST							•					\dashv	
					City				F	EL	Zip Cod	de	\dashv	
8. The above the obligat	named entity submits this statement fo ions of registered agent.	r the purpose	of changing its r	egistere	ed office or re	egistered	dagent, or both.	, in the State o	f Florida. Ta	am fam	liar with	, and accep	t	
	,						,	<u>. </u>						
<u> </u>	Signature, typed or printed name of registered agent a	and title if applicable	o. (NOTE:	Registered	d Agent signature	required wh	hen reinstating)		DAT	TE .			4	
After	ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of	State					1	tion Campaigr t Fund Contrib	_			00 May Be d to Fees		
10.	OFFICERS AND DIRECTORS			11.			ADDITIONS/C	HANGES TO	OFFICERS A	AND DI	RECTOR	RS IN 11	亅.	
TITLE NAME STREET ADDRESS CITY-S1-ZIP	P BAUGH, GENE M 2815 HWY 44 WEST EUSTIS, FL 00000 32727		☐ Delete								Change	☐ Additio	E034 (10/	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Baugh, Daniel L. 2303 Orange avenue Eustis Fl		☐ Delete							Ċ	Change	☐ Additio	E CBO	
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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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SUMUREDANIEL L. BANGH PIOS OF SIGNING OFFICER OR DIRECTOR