2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # 622972 Feb 26, 2000 8:00 am **Secretary of State** BAUMANN ENTERPRISES, INC. 02-26-2000 90078 032 ***150.00 Mailing Address Principal Place of Business 2734 CRANBROOK DR 2734 CRANBROOK DR BOYNTON BEACH FL 33436-5704 BOYNTON BEACH FL 33436-5704 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2215703 Not Applicable Country Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DUBE' J. STANLEY Street Address (P.O. Box Number is Not Acceptable) 2734 CRANBROOK DRIVE **BOYNTON BEACH FL 33436** 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 OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Change Addition TITLE ☐ Delete TITLE BAUMANN, CHARLES J NAME NAME 9733 SPRAY DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP W PALM BEACH FL 33411 ☐ Addition ☐ Change ☐ Delete TITLE TITLE BAUMANN, MARGUERITE NAME STREET ADDRESS STREET ADDRESS 9733 SPRAY DRIVE CITY-ST-ZIP CITY-ST-ZIP W PALM BEACH FL 33411 Addition Change □ · Delete TITLE TITLE DUBE, J. STANLEY NAME NAME STREET ADDRESS STREET ADDRESS 2734 CRANBROOK DR. CITY-ST-ZIP CITY-ST-ZIP BOYNTON BEACH FL 33436-5704 Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST ZIE Para Sala ☐ Delete TITLE ☐ Change ☐ Addition IIILE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP II. ST-ZIP ■ Addition ☐ Change TITLE 11114 ☐ Delete NAME STREET ADDRESS SIRRER ADDRESS CITY-ST-ZIP :- 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 attachmen with an address, with all other like empowered.

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR