2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Apr 16, 2002 8:00 am Secretary of State 668692 DOCUMENT # 1. Entity Name 04-16-2002 90178 035 ***158 BAVARIAN ANTIQUES, LTD., A CORPORATION Principal Place of Business Mailing Address 2441 NW 43RD ST #2A 2441 NW 43RD ST #2A GAINESVILLE FL 32606 GAINESVILLE FL 32606 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-2254992 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KLAUS, ALFREDO Street Address (P.O. Box Number is Not Acceptable) 10226 N.W. 13th Lane 11226 N.W. 34TH AVE. GAINESVILLE FL 32606 Zip Code City FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition ☐ Delete TITLE TITLE KLAUS, ALFREDO NAME NAME 2441 N.W. 43RD ST., SUITE 2-A STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP GAINESVILLE FL ☐ Addition ✓ Change TITLE ☐ Delete TITLE NAME NAME DUKES-BALDUZZI, STARLA 11226 N.W. 34th Ave. STREET ADDRESS STREET ADDRESS 1:1207-N-W-38TH-AVENUE CITY-ST-ZIP CITY-ST-ZIF **GAINESVILLE FL 32606** TITLE Change Ch ☐ Addition TITLE Delete NAME KLAUS, RACHAEL J N.W. 134 Lane STREET ADDRESS STREET ADDRESS 1-1220 N.W. SATILAVENILE CITY-ST-ZIP CITY-ST-ZIP **GAINESVILLE FL 32606** ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 reports true and accurate and hat 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 or powered 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 attachmed with an Address, with all where like empowered.

CR2E034 (9/01)

352/375-2720