## 2001 UNIFORM BUSINESS REPORT (UBR)

## Mar 19, 2001 8:00 am **DOCÚMENT # 668731 Secretary of State** 1. Entity Name BAYNARD, MCLEOD & LANG, P.A. 03-19-2001 90045 041 \*\*\*150.00 Principal Place of Business Mailing Address 669 1ST AVE NORTH 669 1ST AVE NORTH ST PETERSBURG FL 33701 ST PETERSBURG FL 33701 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 59-1974704 Not Applicable Zip 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 LANG, ELSIE O Street Address (P.O. Box Number is Not Acceptable) 4173 85TH ST NORTH ST. PETERSBURG FL 33709 City 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. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change ☐ Addition TITLE ☐ Delete TIT! F LANG, JOSEPH H. NAME NAME STREET ADDRESS 4173- 85TH ST. NORTH STREET ADDRESS CITY-ST-ZIP City-St-ZIP ST. PETERSBURG FL Change ☐ Delete ☐ Addition TITLE TITLE LANG, JOSEPH, H NAME NAME STREET ADDRESS STREET ADDRESS 4173 - 85TH ST NORTH CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG FL Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 supplier pental 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 ecceiver 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 atjectment with an address, with all other like empowered.

CITY-ST-ZIP

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NAME STREET ADDRESS

TITLE

SIGNATURE AND TOPED OR PRINTED NAME OF SIGNING OFFICE OR DIRECTOR

☐ Delete

☐ Delete

3/15/01

727 894-0676

☐ Change

☐ Change

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☐ Addition

CR2E034 (10/00)