

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F03844

1. Entity Name

ROGER BAUM INTERNATIONAL INC.

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90027 034 ***150.00

0518988

Principal Place of Business

Mailing Address

1602-4th Avenue
Tampa, FL 33605

P.O. Box 1305
Tampa, FL 33601

2. Principal Place of Business

1602 - 4TH AVENUE

3. Mailing Address

P.O. BOX 1305

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
TAMPA, FL

City & State
TAMPA, FL

4. FEI Number 59-2036025

Applied For

Not Applicable

Zip
33605

Country
USA

Zip
33601

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BAUM, ROGER

1602 -4TH AVENUE
TAMPA, FL 33605

1602 -4TH AVENUE
TAMPA, FLORIDA 33605

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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  ROGER BAUM

APRIL 25, 2001

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
BAUM, ROGER
3119 WEST HENRY AVE.
TAMPA FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
STEPHENSON, ROBERT
16110 AMSTEAD LANE
ODESSA FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STEPHENSON ROBERT IS NOT
LONGER A STOCKHOLDER NOR
DIRECTOR NOR OFFICER IN THIS CORPORATION ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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 attachment with an address, with all other like empowered.

SIGNATURE: 

ROGER BAUM

APRIL 25, 2001

813/248 1860

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)