

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F31627

1. Entity Name

BALDASSARRE ENTERPRISES, INC.

Principal Place of Business

P.O. BOX 115
CAPE CORAL FL 33910

Mailing Address

P.O. BOX 115
CAPE CORAL FL 33910-0030

2. Principal Place of Business

8067 Queen Palm Lane

Suite, Apt. #, etc.
623

City & State
Fort Myers, FL

Zip
33912-6419

Country
Lee

3. Mailing Address

8067 Queen Palm Lane

Suite, Apt. #, etc.
623

City & State
Fort Myers, FL

Zip
33912-6419

Country
Lee

FILED
Mar 16, 2000 8:00 am
Secretary of State

03-16-2000 90095 033 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2090309

Applied For

Not Applicable

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

MCCABE, BILL, ESQUIRE
319 NORTH MAGNOLIA AVENUE
WINTER PARK FL 32792

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

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, 2000 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	VSTD BALDASSARRE, JUNE 434 TUDOR DRIVE 2E CAPE CORAL FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BALDASSARRE, JEFFREY 434 TUDOR DRIVE 2E CAPE CORAL FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BALDASSARRE, FRANK 434 TUDOR DRIVE 2E CAPE CORAL FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD BALDASSARRE, JUNE 8067 Queen Palm Lane #623 Fort Myers, FL 33912-6419	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BALDASSARRE, FRANK 8067 Queen Palm Lane #623 Fort Myers, FL 33912-6419	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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.

June L. Baldassarre **NOTE** WILL BE LIQUIDATING LATER THIS YEAR

SIGNATURE: *June L. Baldassarre*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-00 941-531-5630
Date Daytime Phone #