

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90042 044 ***150.00

DOCUMENT # F93000003644

1. Entity Name
BAVARIA HOUSE CORP.

Principal Place of Business 1121 SOUTH FRONT ST. WILMINGTON NC 28401 US	Mailing Address 1121 S FRONT ST WILMINGTON NC 28403-2337 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1901 Kent St. Suite, Apt. #, etc. Suite F City & State Wilmington, NC Zip 28403	3. Mailing Address 1901 Kent St. Suite, Apt. #, etc. Suite F City & State Wilmington, NC Zip 28403
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4. FEI Number 56-1764176	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired: <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
PACIFIC AMERICAN TRADING CO.
1746 COSTA DEL SOL
BOCA RATON FL 33332

7. Name and Address of New Registered Agent
 Name
Apple-a-Day, Inc.
 Street Address (P.O. Box Number is Not Acceptable)
1747 Independence Blvd. E-6
Sarasota, FL 34234
 City **Sarasota** State **FL** Zip Code **34234**

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]* **GRITER** DATE **4/21/00**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ENGELHARDT, J 1121 S FRONT ST WILMINGTON NC <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RITTER, GERHARD 1121 S. FRONT STREET WILMINGTON NC <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	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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

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: *[Signature]* **REQUIRED** DATE: **1/29/2000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/99)