

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **H47388**

1. Entity Name
CBC INDUSTRIAL PARK, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90004 036 ***150.00

Principal Place of Business

**903 WEST THIRD STREET
SANFORD FL 32771
US**

Mailing Address

**%DONALD BAUERLE
488 W. HIGHBANKS RD
DEBARY FL 32713
US**

644415



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

488 W. Highbanks Rd

3. Mailing Address

Suite, Apt. #, etc.

City & State

DEBARY, FL

City & State

4. FEI Number **59-2496814**

Applied For

Not Applicable

Zip

32713

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**WILLIS, DAVID
STE 600 LANDMARK CENTER II
225 E ROBINSON ST
ORLANDO FL 32802**

7. Name and Address of New Registered Agent

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 "Not Applicable"

(NOTE: Registered Agent Signature required when re-registering)

DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. ☐

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS BAUERLE, DONALD C JR 488 W. HIGHBANKS ROAD DEBARY FL 32713	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS BAUERLE, DONALD C III 488 W. HIGHBANKS ROAD DEBARY FL 32713	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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)(f), 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Date/Phone #

CR2E034 (10/00)