2001 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # **H69682** Jan 08, 2001 8:00 am ADDRESS (HANGE 911 **Secretary of State** 1. Entity Name BAHR NONE, INC. 01-08-2001 90061 045 ***150.00 HAVE NOT MOVED Principal Place of Business Mailing Address % ARTHUR L. BAHR % arthur L. Bahr ROUTE 5. BOX 2007. CARRIAGE TERRAGE ROUTE 5. BOX 2007, CARRIAGE TERRAC RUUUUUUU PALATKA FL-92177-9107- PALATKA FL 32177-9107- 3. Mailing Address 104 CARRIAGE 2. Principal Place of Business 104 CARRIAGE 1100 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite, Apt. #, etc. Applied For 59-2563278 4. FEI Number ity & State Not Applicable Country \$8.75 Additional Country 5. Certificate of Status Desired 2177 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BAHR ARTHUR L. Street Address (P.O. Box Number is Not Ageoptable) VO4 CARRIAGE TERRACE ROUTE 5, BOX-2007-CARRIAGE TERRACE PALATKA FL 32077 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 <u>-2-0</u> (NOTE: Registered Agent signature required when reinstating) nt and title il applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (10/00) Art Bahr BAHR, ARTHUR L. 104 Carriage Terr. NAME NAME RTE #5 BOX 2007 Palatka, FL 32177-7799 STREET ADDRESS STREET ADDRESS PALATKA FL CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE BAHR, JEANNE L. NAME -ATE #5 BOX 2007 104 CARRIAGE TERRACE NAME STREET ADDRESS STREET ADDRESS PALATKA FL CITY-ST-ZIP CITY-ST-ZIP ☐ Change- · ☐ Addition-- Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Addition ☐ Change TITLE TITLE ☐ Delete STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.