

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90216 034 ****50.00

DOCUMENT # L00000016077

1. Entity Name
JAMES A. BALDAUF LLC



Principal Place of Business
**1130 SOUTH HIGHLAND PARK DRIVE
LAKE WALES FL 33853**

Mailing Address
**1130 SOUTH HIGHLAND PARK DRIVE
LAKE WALES FL 33853**

20011267



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
3551 Harbor Circle NW
Suite, Apt. #, etc.

3. Mailing Address
3551 Harbor Circle NW
Suite, Apt. #, etc.

City & State
Winter Haven FL

City & State
Winter Haven FL

4. FEI Number **59-3698555**

Applied For
Not Applicable

Zip **33881** Country **P.O.M.**

Zip **33881** Country **P.O.M.**

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BALDAUF, JAMES A
1130 SOUTH HIGHLAND PARK DRIVE
LAKE WALES FL 33853-7424**

Name **JAMES A BALDAUF**
Street Address (P.O. Box Number is Not Acceptable)
3551 Harbor Circle NW
City **Winter Haven** FL Zip Code **33881**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *James A. Baldauf* *James A. Baldauf* *MGRM* *1/13/03*
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BALDAUF, JAMES A 1130 SOUTH HIGHLAND PARK DRIVE LAKE WALES FL 33853 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BALDAUF, JAMES A 3551 HARBOR CIRCLE NW Winter Haven FL 33881 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CR2E083 (10/02)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 606, Florida Statutes.

SIGNATURE: *James A. Baldauf* *JAMES A. BALDAUF*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/13/03 *863-528-7869*
Date Daytime Phone #