

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # L01000016128**1. Entity Name
ESCH & BAUER, LLC

Principal Place of Business

**5179 INDIAN MOUND STREET
C/O ELEONORE BAUER
SARASOTA FL 34242**

Mailing Address

**5179 INDIAN MOUND STREET
C/O ELEONORE BAUER
SARASOTA FL 34242**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-1138609

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$5.00 Additional
Fee Required****6. Name and Address of Current Registered Agent****BAUER, ELEONORE
5179 INDIAN MOUND STREET
SARASOTA FL 34242****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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002****9. MANAGING MEMBERS/MANAGERS**TITLE **Vice-President** ☐ Delete
NAME **Eleonore Bauer**
STREET ADDRESS **5179 Indian Mound St.**
CITY-ST-ZIP **Sarasota, FL 34232**TITLE **President** ☐ Delete
NAME **Marin Esch-Gombert**
STREET ADDRESS **5179 Indian Mound St.**
CITY-ST-ZIP **Sarasota, FL 34232**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**10. ADDITIONS/CHANGES**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 608, Florida Statutes.

SIGNATURE:

SIGNATURE RE (Eleonore Bauer)**01-08-02****941-228-5402**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**FILED
Jan 23, 2002 8:00 am
Secretary of State**

01-23-2002 90053 034 ****50.00

909216

DO NOT WRITE IN THIS SPACE

CR2E083 (9/01)