

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2003 8:00 am**  
**Secretary of State**

04-18-2003 90149 045 \*\*\*150.00

**DOCUMENT # L55648**

**1. Entity Name**  
**BAUCOM'S, INC.**



**Principal Place of Business**  
268 SAXONY CT  
WINTER SPRINGS FL 32708  
US

**Mailing Address**  
P. O. BOX 940926  
MAITLAND FL 32794-0926  
US

**2. Principal Place of Business**  
**2104 CRANBERRY ISLES WAY**

**3. Mailing Address**  
Suite, Apt. #, etc.

**City & State**  
**APOPKA, FL**

**City & State**

**4. FEI Number** **59-3002606**

**Applied For**  
**Not Applicable**

**Zip** **32712-2146** **Country** **USA**

**Zip** **Country**

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**PHILLIPS, R PATRICK**  
**200 N THORNTON AVE**  
**ORLANDO FL 32801-2164**

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

**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 \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
**Trust Fund Contribution.**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **D** ☒ **Delete**  
**NAME** **BAUCOM, J F**  
**STREET ADDRESS** **268 SAXONY COURT**  
**CITY-ST-ZIP** **WINTER SPRINGS FL 32708**

**TITLE** ☐ **Change** ☐ **Addition**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** **D** ☐ **Delete**  
**NAME** **BAUCOM, J F**  
**STREET ADDRESS** **2104 CRANBERRY ISLES WAY**  
**CITY-ST-ZIP** **APOPKA, FL 32712-2146**

**TITLE** ☐ **Change** ☐ **Addition**  
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**12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** **SIGNATURE REQUIRED BAUCOM**  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**4/14/03** **407-841-3310-133**  
**Date** **Daytime Phone #**

CR2E034 (10/02)