

# 2001 UNIFORM BUSINESS REPORT (UBR)

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

04-26-2001 90021 039 \*\*\*150.00

0390049

**DOCUMENT # L70717**

1. Entity Name  
**BABO CORPORATION**

Principal Place of Business  
~~610 JOHN P. MILLIGAN JR.~~  
**100 LOVERS LANE SUITE 200**  
**FORT MYERS BEACH FL 33931**

Mailing Address  
~~610 JOHN P. MILLIGAN JR.~~  
**100 LOVERS LANE SUITE 200**  
**FORT MYERS BEACH FL 33931**

2. Principal Place of Business  
**100 Lovers Lane**  
 Suite, Apt. #, etc.  
**201 W**

3. Mailing Address  
**100 Lovers Lane**  
 Suite, Apt. #, etc.  
**201 W**



DO NOT WRITE IN THIS SPACE

City & State  
**FT. MYERS BEACH FL**  
 Zip Country  
**33931 FLORIDA**

4. FEI Number **65-0211858**  
 Applied For  
 Not Applicable  
 5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**BACHER, ULRICH**  
**100 LOVERS LANE SUITE 200**  
**FORT MYERS BEACH FL 33931**

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

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**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	PTD	<input type="checkbox"/> Delete
NAME	<b>BACHER, ULRICH</b>	
STREET ADDRESS	<b>53 POMPANO ST</b>	
CITY-ST-ZIP	<b>FT MYERS BCH FL 33931</b>	
TITLE	DVS	<input type="checkbox"/> Delete
NAME	<b>BOETEL, EDGAR</b>	
STREET ADDRESS	<b>53 POMPANO ST</b>	
CITY-ST-ZIP	<b>FT MYERS BEACH FL 33931</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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.

SIGNATURE: Ulrich Bacher **ULRICH BACHER PRESIDENT** 04/19/01 941-463-4211  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)