2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 30, 2002 8:00 am Secretary of State DOCUMENT # L990000009920 1. Entity Name BALDINGER ENTERPRISE, L.L.C. 05-30-2002 91597 020 ****50.00 Principal Place of Business Mailing Address 3304 68TH ST E 3304 68TH ST E BRADENTON FL 34208 **BRADENTON FL 34208** 2. Principal Place of Business 3. Mailing Address 3304 65TH STE 3304 65 TH ST E Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State BRADENTON, FL 4. FEI Number Applied For 65-0899330 Not Applicable Country 5. Certificate of Status Desired USA \$5.00 Additional USM 6. Name and Address of Current Registered Agent Fee Required 7. Name and Address of New Registered Agent -Name BARNES, GARRET T bacdingerc 3119 MANATEE AVENUE WEST Street Address (P.O. Box Number is Not Acceptable) **BRADENTON FL 34205** City 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 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGR TITLE ☐ Delete TITLE BALDINGER, PHILLIP J NAME ☐ Addition NAME STREET ADDRESS 3304 65TH STREET EAST STREET ADDRESS CITY-ST-ZIP **BRADENTON FL 34208** CITY-ST-ZIP TITLE ☐ Delete TITLE NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE NAME Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-7IB CITY-ST-ZIP TITLE ☐ Delete TITLE NAME ☐ Change

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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAL

STREET ADDRESS

CITY-ST-ZIP

4/25/02 (941) 750-6034

(9/01)

☐ Addition