

2001. UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000005109

1. Entity Name

BAUER, MATHEY AND ASSOCIATES, INC.

FILED

Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90156 020 ***150.00

Principal Place of Business

Mailing Address

600 BYPASS DRIVE
SUITE 202
CLEARWATER FL 33764

600 BYPASS DRIVE
SUITE 202
CLEARWATER FL 33764

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

220

Suite, Apt. #, etc.

220

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3618912

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

RAMSAY, CYNTHIA ANN
600 BYPASS DRIVE
SUITE 202
CLEARWATER FL 33764

7. Name and Address of New Registered Agent

Name
CARL J. BAUER

Street Address (P.O. Box Number is Not Acceptable)

600 BYPASS DR

SUITE 220

CITY CLEARWATER

FL

Zip Code
33764

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 NAME STREET ADDRESS CITY-ST-ZIP	VP MATHEY, CYNTHIA 600 BYPASS DRIVE SUITE 202 CLEARWATER FL 33764	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BAUER, CARL 600 BYPASS DRIVE SUITE 202 CLEARWATER FL 33764	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT CARL J. BAUER 600 BYPASS DR SUITE 220 CLEARWATER FL 33764	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARL J. BAUER

Date

Daytime Phone #

1/23/01 (727) 796-0001

CR2E034 (10/00)