

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000033687

1. Entity Name

BABER ENGINEERING & TECHNICAL SERVICES, INC. - -

FILED
Apr 06, 2001 8:00 am
Secretary of State

04-06-2001 90051 023 ***150.00

Principal Place of Business

732 BUCK HENDRY WAY
STUART FL 34994

Mailing Address

732 BUCK HENDRY WAY
STUART FL 34994

2. Principal Place of Business

1014 NW PINE LAKE DR.

3. Mailing Address

1014 NW PINE LAKE DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

STUART, FL

City & State

STUART, FL

4. FEI Number

65-0997789

Applied For

Not Applicable

Zip

34994

Country

USA

Zip

34994

Country

USA

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

HEIMS, HOWARD K
618 EAST OCEAN BLVD.
SUITE 5
STUART FL

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BABER, ROGER
732 BUCK HENDRY WAY
STUART FL 34994 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P.S.D.
1014 NW PINE LAKE DR. ☒ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: *Robert M. Baber*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2-01

Date

561-692-4910

Daytime Phone #

CR2034 (10/00)