FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Mar 19, 2001 8:00 am DOCUMENT # P0000054829 **Secretary of State** 1. Entity Name BALDWIN LIMITED, INC. 03-19-2001 90487 026 ***150.00 GROUP į Principal Place of Business Mailing Address 1877 S. FEDERAL HIGHWAY, SUITE 310 1877 S. FEDERAL HIGHWAY, SUITE 310 BOCA RATON FL 33432 **BOCA RATON FL 33432** 2. Principal Place of Business 6570 TIMBER LANE 6570 TIMBER Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 1014650 City & State Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BALDWIN GRANER, THOMAS U ESQ. 301 YAMATO ROAD **SUITE 4199** 6570 TIMBER **BOCA RATON FL 33431** 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 16. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE NAME BALDWIN, ELIZA NAME 6570 TIMBER LANE BOCA RATON, FL 3 STREET ADDRESS STREET ADDRESS 1877 S. FEDERAL HIGHWAY, SUITE 310 CITY-ST-ZIP CiTY-ST-7IP **BOCA RATON FL 33432** ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY_ST-7IP CITY-ST-7/P ☐ Addition -TITLE Delete . TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY~ST-7IF ☐ Change ☐ Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.