

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90364 039 \*\*\*150.00

**DOCUMENT # P36253**



1. Entity Name  
**BAIRNCO CORPORATION**

Principal Place of Business  
**300 PRIMERA BLVD.  
STE 432  
LAKE MARY FL 32746**

Mailing Address  
**300 PRIMERA BLVD  
STE 432  
LAKE MARY FL 32746**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **13-3057520**

Applied For  
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VPS	<input type="checkbox"/> Delete
NAME	SMITH, LARRY D	
STREET ADDRESS	191 VARSITY CIRCLE	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	D	<input type="checkbox"/> Delete
NAME	YELVERTON, WILLIAM F	
STREET ADDRESS	4439 NORTH 33RD STREET	
CITY-ST-ZIP	ARLINGTON VA 22207	
TITLE	CD	<input type="checkbox"/> Delete
NAME	FICHTHORN, LUKE E. III	
STREET ADDRESS	2453 ALAQUA DRIVE	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	D	<input type="checkbox"/> Delete
NAME	WOLF, JAMES A	
STREET ADDRESS	15820 VAN AKEN BLVD #404	
CITY-ST-ZIP	CLEVELAND OH 44120	
TITLE	D	<input type="checkbox"/> Delete
NAME	FOLEY, CHARLES T	
STREET ADDRESS	1 EAST END AVENUE	
CITY-ST-ZIP	NEW YORK NY 10021	
TITLE	ATA	<input type="checkbox"/> Delete
NAME	MAINGOT, LAWRENCE C	
STREET ADDRESS	1060 VISTA ROAD	
CITY-ST-ZIP	LONGWOOD FL 32750	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2624 N. Glebe Road	
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		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

4/24/03 407 875 2222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)