2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address.

Apr 09, 2002 8:00 am Secretary of State **DOCUMENT #** P93000008791 1. Entity Name 03-04-2002 90036 031 ***150.00 CALVIN BAUGH, INC. Principal Place of Business Mailing Address 4150 N.W. 10TH AVE. 2871 N.W. 13 COURT **BOX 10** FT LAUDERDALE FL 33311 FT. LAUDERDALE FL 33309 2. Principal Place of Business 3. Mailing Address 4150 N.W. 10 AUC 2871 N.W. Suite, Apt. #, etc. Suite, Apt. #.,etc .- -DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For F١ 65-0475194 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 15 rower MUL Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ふしいろ BAUGH, CALVIN Street Address (P.O. Box Number is Not Acceptable) 2871 N.W. 13TH COURT 2871 N.W. 13 Cour FT. LAUDERDALE FL 33311 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 \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filling requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TIFLE (9/04) Delete TITLE ☐ Change ☐ Addition BAUGH, CALVIN NAME CR2E034 STREET ADDRESS 2871 N.W. 13TH COURT STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE FL 33311 CITY-ST-ZIP TITLE TITLE Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TIBLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE: ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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

FILED

Daytime Phone #