

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000088383

1. Entity Name

R. BARON, INC.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90126 029 ***150.00

Principal Place of Business

Mailing Address

13805 MAGDALENE LAKE COVE
 TAMPA FL 33613

13805 MAGDALENE LAKE COVE
 TAMPA FL 33613-1910

2. Principal Place of Business

108 Whitaker Road

3. Mailing Address

108 Whitaker Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lutz, FL

City & State

Lutz, FL

4. FEI Number

59-3219990

Applied For

Not Applicable

Zip

33549

Country

USA

Zip

33549

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

JENTSCH, PETER M. A
 13805 MAGDALENE LAKE COVE
 TAMPA FL 33613

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

P. Jentsch

Apr 14/00

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, 2000 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 Delete
 NAME P
 STREET ADDRESS JENTSCH, PETER M.A.
 CITY-ST-ZIP 13805 MAGDALENE LAKE COVE TAMPA FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME ST
 STREET ADDRESS JENTSCH, P. DIANNE
 CITY-ST-ZIP 13805 MAGDALENE LAKE COVE TAMPA FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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:

P. Dianne Jentsch
P. Dianne Jentsch

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 14/00

Date

813-909-1997

Daytime Phone #

CR2E034 (9/99)