

## 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**

04-01-2002 90169 021 \*\*\*158.75

DOCUMENT # P94000086918

1. Entity Name

BARON CAPITAL III, INC.

Principal Place of Business

7826 COOPER RD.  
 CINCINNATI OH 45242  
 US

Mailing Address

7826 COOPER RD.  
 CINCINNATI OH 45242  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Grove at Lakeland Square  
 Suite, Apt. #, etc.  
 3570 U.S. Hwy 98 N.  
 City & State  
 Lakeland Florida  
 Zip  
 33809  
 Country  
 U.S.A.

3. Mailing Address

Grove at Lakeland Square  
 Suite, Apt. #, etc.  
 3570 U.S. Hwy 98 N.  
 City & State  
 Lakeland Florida  
 Zip  
 33809  
 Country  
 U.S.A.

4. FEI Number

59-3285266

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

MCGRATH, GREGORY K  
 4501 GULF OF MEXICO DRIVE  
 #101  
 LONGBOAT KEY FL 34228

7. Name and Address of New Registered Agent

Name  
 Parcap Realty Services Group, Inc.  
 Street Address (R.O. Box Number is Not Acceptable)  
 Grove at Lakeland Square  
 3570 U.S. Hwy 98 N.  
 City  
 Lakeland FL Zip Code  
 33809

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

Mark L. Wilson, VP

Mark L. Wilson, VP

3/15/02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

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, 2002 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
	PST	MCGRATH, GREGORY	7826 COOPER RD. CINCINNATI OH 45242	<input checked="" type="checkbox"/>
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	Robert Astorino	3570 U.S. Hwy 98 N.	Lakeland Florida 33809	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Vice President	Mark L. Wilson	3570 U.S. Hwy 98 N.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			Lakeland FL 33809	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

Mark L. Wilson, VP

3/15/02

513 936 3408

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)