

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

05-05-2003 91781 006 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P95000015901					
1. Entity Name DANIEL L. BAUGH, INC.					
Principal Place of Business 506 S. CENTER ST EUSTIS, FL 32726		Mailing Address 506 S. CENTER ST EUSTIS, FL 32726			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0583013	
				Applied For Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BAUGH, DANIEL 506 S. CENTER ST EUSTIS, FL 32726				7. Name and Address of New Registered Agent	
				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 <u><i>Daniel L. Baugh</i></u> DANIEL L. BAUGH <u>4-30-03</u>					
Signature, typed or printed name of registered agent, and date if applicable. (NOTE: Registered Agent signature required when amending.) DATE					
FEE 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	D	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	BAUGH, DANIEL		NAME		
STREET ADDRESS	506 S CENTER STREET		STREET ADDRESS		
CITY-ST-ZIP	EUSTIS, FL 32726		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	BAUGH, DENISE		NAME		
STREET ADDRESS	506 S CENTER STREET		STREET ADDRESS		
CITY-ST-ZIP	EUSTIS, FL 32726		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <u><i>Daniel L. Baugh</i></u> DANIEL L. BAUGH <u>4-30-03 (352) 357-1300</u>					
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date					

11041445



☐ CHECK HERE IF MAKING CHANGES

CR2034 (10/02)