2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

P95000020164 **DOCUMENT #**

1. Entity Name

BAKUM ENTERPRISES, INC.



FILED Jan 09, 2003 8:00 am Secretary of State 01-09-2003 90107 022 ***150.00

Principal Place of Business 11380 WEST SAMPLE ROAD CORAL SPRINGS FL 33065		11380 WEST SAMI	Mailing Address 11380 WEST SAMPLE ROAD CORAL SPRINGS FL 33065					1 444 1 101 400	
2. Principal P	Place of Business	3. Mailing Address	3. Mailing Address						
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES			
City & Stat	te	City & State	City & State			4. FEI Number 65-0572146		pplied For lot Applicable	
Zip	Zip Country Zip		Country		5. (8.75 Additional	
	6. Name and Address of Curre	nt Registered Agent		_	_7. N	lame and Address of New Registered	Agent		
BAKUM, WALTER				Name Street Address (P.O. Box Number is Not Acceptable)					
	ST SAMPLE ROAD PRINGS FL 33065		Sileet Address (S (F.Q. D	ox Number is Not Acceptable)			
				City		FL Zip Code			
tne obligat	tions of registered agent.	for the purpose of chan	ging its register	ed office or regist	tered age	ent, or both, in the State of Florida. I am t	familiar with,	, and accept	
SIGNATURE .	Signature, typed or printed name of registered age	ent and title if applicable.	(NOTE: Registere	ed Agent signature requi	ired when re	instating) DATE			
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.0 k Payable to Florida Department					9. Election Campaign Financing Trust Fund Contribution. C		00 May Be d to Fees	
10.	OFFICERS AN	ID DIRECTORS	11.		AD	DITIONS/CHANGES TO OFFICERS AND	DIRECTOF	RS IN 11	
TITLE NAME Street address City-St-Zip	D BAKUM, WALTER 11380 W. SAMPLE ROAD CORAL SPRINGS FL	□ Dele	MAN : Brtz				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Dele	NAM STRE				☐ Change	☐ Addition	
TITLE - NAME STREET ADDRESS CITY-ST-ZIP		□ Detet	NAM STRE			-	☐ Change	Addition	
ITLE IAME STREET ADDRESS (STY-ST-ZIP		☐ Delet	NAM STRE				☐ Change	Addition	
ITLE IAME Treet address ITY-ST-ZIP	• .	☐ Delet	NAM STRE				☐ Change	Addition	
ITLE IAME TREET ADDRESS ITY-ST-ZIP		☐ Delet	NAM STRE	EET ADDRESS			☐ Change	Addition	
ITY-ST-ZIP I hereby condicated of the cor	on this report or supplemental report	t is true and accurate and powered to execute this	city- ialify for the exer d that my signat report as requir	-SI-ZIP imption stated in State the ture shall have the red by Chapter 60	e same le 07, Florid	19.07(3)(i), Florida Statutes. I further cert egal effect as if made under oath; that I a la Statutes; and that my name appears in	ım an officer	or director	

SIGNATURE: