

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P95000035296**

1. Entity Name

BACHMAN ENTERPRISES, INC.**FILED**
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90054 041 ***150.00

AUG1611

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address

27800 OLD 41 RD 27800 OLD 41 RD
BONITA SPRINGS FL 34135 BONITA SPRINGS FL 34135-5607
US US

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 **65-0592354** Applied For
Not Applicable5. 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

BACHMAN, ROBERT A
27800 OLD 41 RD
BONITA SPRINGS FL 34135

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

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 State10. Election Campaign Financing ☐ **\$5.00** May Be
Trust Fund Contribution. Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BACHMAN, ROBERT A	NAME	
STREET ADDRESS	27800 OLD 41 RD	STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> Delete <i>keep</i>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KATHLEEN MILLER	NAME	
STREET ADDRESS	27800 OLD 41 RD	STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEPHEN B. LENTZ	NAME	
STREET ADDRESS	27800 OLD 41 RD	STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Robert A. Bachman* **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR4/24/00 941-495-9898
Date Daytime Phone #