

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

Bauer & Ward Tile Inc



FILED
CLERK OF STATE
DIVISION OF CORPORATION
04 JAN 20 PM 2:51

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10730 Sharon Dr.

Suite, Apt. #, etc.

3. Mailing Address

Same

Suite, Apt. #, etc.

City & State

N. Ft. Myers, Fla.

City & State

Zip

Country

Zip

Country

33917

Lee

400027247694
01/20/04--01006--003 **150.00

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4. FEI Number

65-0593084

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

MARVIN BAUER

Street Address (P.O. Box Number is Not Acceptable)

10730 Sharon Dr.

N. Ft. Myers

City

FL

Zip Code

33917

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Pres.
MARVIN BAUER
Same as above

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

V. Pres.
Byron Ward
8173 Albatross Rd.
Ft. Myers - Fla 33912

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Sec.
Bernard Palmer
7504 Pebble Beach Rd.
Ft. Myers, Fla 33912

TITLE
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CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Marvin Bauer (MARVIN BAUER)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-10-04 (239) 980-7240

CR2E034B (12/02)