

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2003 8:00 am
Secretary of State

03-19-2003 90123 042 ***150.00

DOCUMENT # P96000010045

1. Entity Name
BAULDREE ENTERPRISES, INC.



Principal Place of Business
**734 N 3RD ST. SUITE 418A
LEESBURG FL 34748**

Mailing Address
**P.O. BOX 490105
LEESBURG FL 34748
US**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
340 W OAK TERRACE DRIVE

3. Mailing Address

Suite, Apt. #, etc.
SUITE 152

Suite, Apt. #, etc.

City & State
LEESBURG FL

City & State

4. FEI Number
59-3357646

Applied For

Not Applicable

Zip
34748

Country
USA

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BAULDREE, ERLER L
734 N 3RD ST, SUITE 418A
LEESBURG FL 34748**

7. Name and Address of New Registered Agent

Name
BYRON I BAULDREE
Street Address (P.O. Box Number is Not Acceptable)
36636 DAISY LANE

City
FRUITLAND PARK FL Zip Code
34731

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]

Byron I Bauldree

3/13/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPST
BAULDREE, BYRON I
734 N 3RD ST, SUITE 418A
LEESBURG FL 34748** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
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CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**36636 DAISY LANE
FRUITLAND PARK FL 34731** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
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CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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: *[Signature]* Pres. *3/13/03*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)