

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90188 025 ***150.00

DOCUMENT # P96000028427

1. Entity Name
BALDINI SERVICES, INC.



Principal Place of Business
560 S.W. BAY POINT CIRCLE
PALM CITY FL 34990

Mailing Address
560 S.W. BAY POINT CIRCLE
PALM CITY FL 34990

2. Principal Place of Business

3491 SE FAIRWAY W
Suite, Apt. #, etc.

3. Mailing Address

3491 SE FAIRWAY W
Suite, Apt. #, etc.

City & State

STUART, FL

City & State

STUART, FL

Zip

34997-6031

Country

Zip

34997-6031

Country

☒ **CHECK HERE IF MAKING CHANGES**

CHANGE OF ADDRESS

4. FEI Number

65-0651487

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BALDINI, ANTHONY A
560 S.W. BAY POINT CIRCLE
PALM CITY FL 34990

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

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 **D** ☐ Delete
NAME **BALDINI, ANTHONY A**
STREET ADDRESS **560 S.W. BAY POINT CIRCLE**
CITY-ST-ZIP **PALM CITY FL 34990**

TITLE **D** ☐ Delete
NAME **BALDINI, KAY S**
STREET ADDRESS **560 S.W. BAY POINT CIRCLE**
CITY-ST-ZIP **PALM CITY FL 34990**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **3491 SE FAIRWAY WEST**
CITY-ST-ZIP **STUART, FL 34997-6031**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **3491 SE FAIRWAY WEST**
CITY-ST-ZIP **STUART, FL 34997-6031**

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/27/03

CR2E034 (10/02)