

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2003 8:00 am
Secretary of State

05-12-2003 90204 025 ***158.75

DOCUMENT # P96000029949

1. Entity Name

BARON CAPITAL XXVII, INC.



Principal Place of Business
GROVE AT LAKE LAND SQUARE
3570 US HWY 98 N
LAKELAND FL 33809
US

Mailing Address
GROVE AT LAKE LAND SQUARE
3570 US HWY 98 N
LAKELAND FL 33809
US



2. Principal Place of Business

SIGMA RENAISSANCE CORP.

3. Mailing Address

Sigma Renaissance Corp.

Suite, Apt. #, etc.

5312 SPRING HILL DR.

Suite, Apt. #, etc.

5312 Spring Hill Dr.

City & State

SPRING HILL, FLORIDA

City & State

Spring Hill, Florida

Zip

34606

Country

USA

Zip

34606

Country

USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

58-2235617

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BARCORP REALTY SERVICES GROUP, INC
GROVE AT LAKE LAND SQUARE
3570 US HWY 98 N
LAKELAND FL 33809

7. Name and Address of New Registered Agent

Name **Sigma Renaissance Corp.**

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

5312 Spring Hill

City **Spring Hill**

FL

Zip Code

34606

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 ☐ 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

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

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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

2/25/03

Date

Daytime Phone #

CR2E034 (10/02)