

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2003 8:00 am
Secretary of State

05-14-2003 90128 045 ***158.75

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DOCUMENT # P96000030088

1. Entity Name
BARON CAPITAL XXIX, INC.



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

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



2. Principal Place of Business
**Sigma Renaissance Corp.
Suite, Apt. #, etc.
5312 Spring Hill Dr.**

3. Mailing Address
**Sigma Renaissance Corp.
Suite, Apt. #, etc.
5312 Spring Hill Dr.**

City & State
Spring Hill, Florida
Zip
34606 Country
USA

City & State
Spring Hill, Florida
Zip
34606 Country
USA

4. FEI Number **58-2235500**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

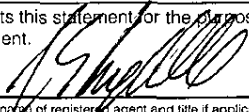
6. Name and Address of Current Registered Agent

**BARCAY REALTY SERVICES GROUP INC
GROVE AT LAKELAND 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 Dr.
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  (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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RYDELL, JEROME S 3570 US HWY 98 N LAKELAND FL 33809	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/03

Date Daytime Phone #

CR2E034 (10/02)