

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

0570215 AV

DOCUMENT # **P96000035011**

1. Entity Name
BARON CAPITAL XXXI, INC.

04-01-2002 90728 041 ***158.75

Principal Place of Business 7826 COOPER RD CINCINNATI OH 45242 US	Mailing Address 7826 COOPER RD CINCINNATI OH 45242 US
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B0056160



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Grove at Lakeland Square Suite, Apt. #, etc. 3570 U.S. Hwy 98 N. City & State Lakeland Florida Zip 33809 Country U.S.A.	3. Mailing Address Grove at Lakeland Square Suite, Apt. #, etc. 3570 U.S. Hwy 98 N. City & State Lakeland Florida Zip 33809 Country U.S.A.
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4. FEI Number 58-2237909	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MCGRATH, GREGORY K
4561 GULF OF MEXICO DR
STE 107
LONGBOAT KEY FL 34228**

7. Name and Address of New Registered Agent

**Booncap Realty Service Group, Inc.
Grove at Lakeland Square
3570 U.S. Hwy 98 N.
City
Lakeland FL Zip Code
33809**

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.

SIGNATURE Mark L. Wilson, VP Mark L. Wilson, VP 3/15/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		
TITLE PST	NAME MCGRATH, GREGORY	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 7826 COOPER RD		
CITY-ST-ZIP CINCINNATI OH 45242		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 3570 U.S. Hwy 98 N.		
CITY-ST-ZIP Lakeland Florida 33809		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mark L. Wilson, VP Mark L. Wilson, VP 3/15/02 513 936 3408
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)