

DOCUMENT # P96000073022

1. Entity Name  
DAVID M. BAUMAN, P.A.

Principal Place of Business      Mailing Address  
7820 PETERS ROAD #E-103      7820 PETERS ROAD #E-103  
PLANTATION FL 33324      PLANTATION FL 33324-4006

2. Principal Place of Business      3. Mailing Address  
7119 W. BROWARD BLVD      7119 W. BROWARD BLVD.  
Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
PLANTATION FL 33317      PLANTATION, FL  
Zip      Country      Zip      Country  
33317      33317

4. FEI Number      65-0695569      Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
BAUMAN, DAVID M  
7820 PETERS ROAD #E-103  
PLANTATION FL 33324

7. Name and Address of New Registered Agent  
Name      DAVID M. BAUMAN  
Street Address (P.O. Box Number is Not Acceptable)  
7119 W. BROWARD BLVD.  
PLANTATION FL 33317

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            DATE      1-11-00  
Signature typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.      ☐  
(See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing      ☐ \$5.00 May Be Added to Fees  
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	
NAME	BAUMAN, DAVID M		NAME	7119 W. BROWARD BLVD.	
STREET ADDRESS	7820 PETERS ROAD #E-103		STREET ADDRESS	PLANTATION FL 33317	
CITY-ST-ZIP	PLANTATION FL 33324		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:            DATE      1-11-00      Daytime Phone #      954.424-3306  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**  
**Mar 31, 2000 8:00 am**  
**Secretary of State**  
03-31-2000 90098 048 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)