

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000079603

1. Entity Name

BAGG ASSOCIATES, INC.

FILED

May 02, 2000 8:00 am
Secretary of State

05-02-2000 90157 013 ***150.00

Principal Place of Business

Mailing Address

NW 1ST ST
CORAL SPRINGS FL 33071

8939 NW 1ST ST
CORAL SPRINGS FL 33071-7513
US

2. Principal Place of Business

4918 NW 119th TER

Suite, Apt. #, etc.

3. Mailing Address

4918 NW 119th TER

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
CORAL SPRINGS FL

City & State
CORAL SPRINGS FL

4. FEI Number 65-0694239

Applied For
Not Applicable

Zip 33076 Country BROWARD

Zip 33076 Country BROWARD

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BAGG, HOWARD R
8939 NW 1ST ST
CORAL SPRINGS FL 33071

Name BAGG, HOWARD R.
Street Address (P.O. Box Number is Not Acceptable)
4918 NW 119th TER

City CORAL SPRINGS FL Zip Code 33076

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 Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/22/2000

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 Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME BAGG, HOWARD R
STREET ADDRESS 8939 NW 1ST ST 4918 NW 119th TER
CITY-ST-ZIP CORAL SPRINGS FL 33071 33076

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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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: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/22/2000

CR2E034 (9/99)