

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 28, 2000 08:00 AM**
Secretary of State**DOCUMENT # P96000080282****1. Entity Name**

PAUL A. BALDOVIN, JR., P.A.

Principal Place of Business

2974 WATERFORD DR N

DEERFIELD BEACH

33442

FL

US

Mailing Address

2974 WATERFORD DR N

DEERFIELD BEACH

33442

US

FL

2. Principal Place of Business

4776 NW 120TH WAY

3. Mailing Address

4776 NW 120TH WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

CORAL SPRINGS

FL

City & State

CORAL SPRINGS

FL

4. FEI Number

65-0696832

Applied For

Not Applicable

Zip
33076Country
USZip
33076Country
US**5. Certificate of Status Desired**☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent**

PAUL A BALDWIN JR

2974 WATERFORD DR N

DEERFIELD BEACH

33442

FL

7. Name and Address of New Registered Agent**Name**

PAUL A BALDOVIN JR

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

4776 NW 120TH WAY

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 PAUL A. BALDOVIN, JR.**

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

(NOTE: Registered Agent signature required when reinstating)

04/28/2000

DATE

**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**

| TITLE | PSTD | NAME | STREET ADDRESS | CITY-ST-ZIP |
|-------|---------------------------------|-------------------|---------------------|--------------------------|
| | <input type="checkbox"/> Delete | BALDOVIN PAUL AJR | 2974 WATERFORD DR N | DEERFIELD BEACH FL 33442 |

| TITLE | PSTD | NAME | STREET ADDRESS | CITY-ST-ZIP |
|-------|---------------------------------|------|----------------|-------------|
| | <input type="checkbox"/> Delete | | | |

| TITLE | PSTD | NAME | STREET ADDRESS | CITY-ST-ZIP |
|-------|---------------------------------|------|----------------|-------------|
| | <input type="checkbox"/> Delete | | | |

| TITLE | PSTD | NAME | STREET ADDRESS | CITY-ST-ZIP |
|-------|---------------------------------|------|----------------|-------------|
| | <input type="checkbox"/> Delete | | | |

| TITLE | PSTD | NAME | STREET ADDRESS | CITY-ST-ZIP |
|-------|---------------------------------|------|----------------|-------------|
| | <input type="checkbox"/> Delete | | | |

| TITLE | PSTD | NAME | STREET ADDRESS | CITY-ST-ZIP |
|-------|---------------------------------|------|----------------|-------------|
| | <input type="checkbox"/> Delete | | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | PSTD | NAME | STREET ADDRESS | CITY-ST-ZIP |
|-------|--|-------------------|-------------------|------------------------|
| | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | BALDOVIN PAUL AJR | 4776 NW 120TH WAY | CORAL SPRINGS FL 33076 |

| TITLE | PSTD | NAME | STREET ADDRESS | CITY-ST-ZIP |
|-------|---|------|----------------|-------------|
| | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |

| TITLE | PSTD | NAME | STREET ADDRESS | CITY-ST-ZIP |
|-------|---|------|----------------|-------------|
| | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |

| TITLE | PSTD | NAME | STREET ADDRESS | CITY-ST-ZIP |
|-------|---|------|----------------|-------------|
| | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |

| TITLE | PSTD | NAME | STREET ADDRESS | CITY-ST-ZIP |
|-------|---|------|----------------|-------------|
| | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |

| TITLE | PSTD | NAME | STREET ADDRESS | CITY-ST-ZIP |
|-------|---|------|----------------|-------------|
| | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |

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 PAUL A. BALDOVIN JR****PSTD 04/28/2000**