FILED

Jan 15, 2002 8:00 am

SIGNATURE: .

P97000025269 DOCUMENT # **Secretary of State** 1. Entity Name 01-15-2002 90040 046 ***150.00 JOHN BAUER GROUP INC. Principal Place of Business Mailing Address 400804 3907 SHERWOOD BLVD 3907 SHERWOOD BLVD DELRAY BEACH FL 33445 DELRAY BEACH FL 33445 2. Principal Place of Business 3309 LOWSON BLVI) Suite, Aprille, etc. 3309 LOWSON DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number 65-0741344 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent GARY JOHN BAUER BAUER, GARY J Street Address (P.O. Box Number is Not Acceptable) 3907 SHERWOOD BLVD LOWSON BLVD 3309 DELRÂY BEACH FL 33445 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. GARY JOHN BAVER (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. JOHN BAUER Change Addition TITLE ☐ Delete TITLE GARY NAME BAUER, GARY J NAME 3309 LOW SON BLVD STREET ADDRESS 3907 SHERWOOD BLVD STREET ADDRESS BEACH FL 33445 DELRAY BEACH FL 33445 CITY-ST-ZIP DECRAY CITY-ST-ZIP Change Addition TITLE Delete TITLE DVS Rose BAUER, ROSE NAME NAME BLUD LOW SOR STREET ADDRESS 3304 3907 SHERWOOD BLVD STREET ADDRESS BEACH FL 33445 CITY-ST-7IP CITY-ST-ZIP **DELRAY BEACH FL 33445** ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP ☐ Change Addition TITLE ☐ Delete TITLE 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 at other like empowered.

E AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Date

Date

Description Phone #