

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000029216

1. Entity Name

BAUMAN ADVISORY SERVICES, INC.

FILED
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90009 037 ***150.00

Principal Place of Business

1342 COLONIAL BLVD STE K121
FT MYERS FL 33907

Mailing Address

1342 COLONIAL BLVD STE K121
FT MYERS FL 33907-1013

2. Principal Place of Business

1342 COLONIAL BLVD

3. Mailing Address

1342 COLONIAL BLVD

Suite, Apt. #, etc.

Suite E-39

Suite, Apt. #, etc.

Suite E-39

City & State

Ft Myers, FL

City & State

Ft Myers, FL

Zip

33907

Country

Zip

33907

Country

4. FEI Number

65-0737514

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BAUMAN, ANDREW
1342 COLONIAL BLVD STE K121
FT MYERS FL 33907

7. Name and Address of New Registered Agent

Name
BAUMAN, ANDREW

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

1342 COLONIAL BLVD

SUITE E-39

City
FT MYERS

FL

Zip Code
33907

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

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 NAME STREET ADDRESS CITY-ST-ZIP	PVST BAUMAN, ANDREW M 5435 BRANDY CIR FT MYERS FL 33919	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	BAUMAN, ANDREW M 5574-2 MALT DRIVE FORT MYERS, FL 33907	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/00 (941) 278-1970

Date

Daytime Phone #

CR2E034 (9/99)