

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 12, 2001 08:00 AM****Secretary of State****DOCUMENT # P97000029216**1. Entity Name
BAUMAN ADVISORY SERVICES, INC.**Principal Place of Business**1342 COLONIAL BLVD STE K121
SUITE E-39
FT MYERS
33907
FL**Mailing Address**1342 COLONIAL BLVD STE K121
SUITE E-39
FT MYERS
33907
FL**2. Principal Place of Business**

1342 COLONIAL BLVD

3. Mailing Address

1342 COLONIAL BLVD

Suite, Apt. #, etc.
SUITE E-39Suite, Apt. #, etc.
SUITE E-39**City & State**

FT MYERS FL

City & State

FT MYERS FL

Zip

33907

Country

US

Zip

33907

Country

US

4. FEI Number**65-0737514****Applied For**☐ Not Applicable**5. Certificate of Status Desired**☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentBAUMAN ANDREW
1342 COLONIAL BLVD
SUITE E-39
FT MYERS
33907
US

FL

7. Name and Address of New Registered Agent**Name****Street Address (P.O. Box Number is Not Acceptable)****City**

FL

Zip Code

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)

01/12/2001

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, 2001 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	PVST	☐ Delete
NAME	BAUMAN ANDREW M	
STREET ADDRESS	5574-2 MALT DRIVE	
CITY-ST-ZIP	FORT MYERS FL 33907	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
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: Andrew M. Bauman

Pres

01/12/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)