

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Jun 05, 2000 8:00 am**
Secretary of State

06-05-2000 90048 044 ***150.00

DOCUMENT # **PA7000059199** ✓

1. Entity Name

Baby Guard Pool Fence Co.

Principal Place of Business

Mailing Address

7373 Spring Villas Cir.
Orlando, FL 32819**7373 Spring Villas Cir.**
Orlando, FL 32819

2. Principal Place of Business

7373 Spring Villas Cir.

Suite, Apt. #, etc.

3. Mailing Address

7373 Spring Villas Cir.

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

4. FEI Number

59-3456015

Applied For

Not Applicable

Zip

32819

Country

United States

Zip

32819

Country

United States5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Susan Currie
7373 Spring Villas Circle
Orlando, FL 32819

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)

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **President** ☐ Delete
NAME **Susan Currie**
STREET ADDRESS **7373 Spring Villas Cir.**
CITY-ST-ZIP **Orlando, FL 32819**TITLE **Vice President** ☐ Delete
NAME **Louis Currie**
STREET ADDRESS **7373 Spring Villas Cir.**
CITY-ST-ZIP **Orlando, FL 32819**TITLE **Secretary** ☐ Delete
NAME **Susan Currie**
STREET ADDRESS **7373 Spring Villas Cir.**
CITY-ST-ZIP **Orlando, FL 32819**TITLE **Treasurer** ☐ Delete
NAME **Louis Currie**
STREET ADDRESS **7373 Spring Villas Cir.**
CITY-ST-ZIP **Orlando, FL 32819**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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NAME
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CITY-ST-ZIPTITLE ☐ 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:

Susan Currie (Susan Currie)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/24/00

Date

407-522-8355

Daytime Phone #

CR2E034 (9/99)