UNIFORM BUSINESS REPOR	T (U
DOCUMENT # P97000087983	
BARON CAPITAL LXXXI, INC.	



FILED
Feb 28, 2003 8:00 am
Secretary of State
02-28-2003 90124 026 \*\*\*158.75

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Principal Place of Business 3570 US HWY 98 N LAKELAND FL 33809		3570 Ŭ\$ I	Mailing Address 3570 US HWY 98 N LAKELAND FL 33809							
2. Principal F	Place of Business	3. Mailing	3. Mailing Address			<del> </del>				
Suite, Apt. #, etc.		Suite, A	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & State		City & S	City & State			4. FEI N	umber 31-1580	963	<u> </u>	pplied For ot Applicable
Zip	Country	Zip		Coun	try	5. Certifi	cate of Status Desi		\$8.75 Add	ditional
	6. Name and Address of Currer	nt Registered A	gent			7. Name	and Address of N			-
BAROUR	DEALTY OFMICES OBSIDE ING				Name				-	
	realty services group, inc Hwy 98 N				Street Address (F	P.O. Box Nu	umber is Not Accep	table)		
LAKELAN	D FL 33809									
					City			FL	Zíp Cod	e
	e named entity submits this statement tions of registered agent.	for the purpose	of changing its	registere	ed office or registere	ed agent, o	r both, in the State	of Florida. I am f	amiliar with,	and accept
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable	a. (NOTE	: Registered	Agent signature required	when reinstating	g)	DATE		
· · · · · · · · · · · · · · · · · · ·	ILE NOW!!! FEE IS \$150.00					1		***		<del></del>
Afte	r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department					9.	<ul> <li>Election Campaig</li> <li>Trust Fund Contril</li> </ul>			May Be to Fees
10.	- OFFICERS AN	D DIRECTORS		11.		ADDITIO	NS/CHANGES TO	OFFICERS AND	DIRECTOR	S IN 11
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CITY-ST-ZIP	LAKELAND FL 33809				ST-ZIP					ļ
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NAME STREET ADDRESS				NAME						
CITY-ST-ZIP		_		CITY-S	T ADDRESS ST-ZIP					
12. ! hereby c	ertify that the information supplied with	h this filing does	not qualify for t			etion 119 07	7(3)(i) Florida Statu	tas I further corti	futhat the in	formation

indicated on this report or supplied with unsulfing does and quality 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 10 or Block 11 if changed, or on an attachment with an address, with all other like en powered.

SIGNATURE:

SIGNAL SI

Date

Daytime Phone #