

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 24, 2003 8:00 am**  
**Secretary of State**

01-24-2003 90078 019 \*\*\*150.00

000206 AV

**DOCUMENT # P97000105459**

**1. Entity Name**  
**RECREATIONAL COMPOSITES, INC.**



**Principal Place of Business**  
**4132 ALEXANDER AVE.**  
**GULF BREEZE FL 32563**

**Mailing Address**  
**4132 ALEXANDER AVE.**  
**GULF BREEZE FL 32563**



**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number** **59-3483344**

Applied For

☒ Not Applicable

Zip \*

Country

Zip

Country

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**BAUMAN, JEAN M**  
**4132 ALEXANDER AVE**  
**GULF BREEZE FL 32563**

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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE** JEAN M. BAUMAN  
Signature, typed or printed name of registered agent and title if applicable.

JEAN M. BAUMAN JP  
(NOTE: Registered Agent signature required when reinstating)

1-17-03  
DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **D** ☐ Delete  
**NAME** **BAUMAN, JAMES H**  
**STREET ADDRESS** **4132 ALEXANDER AVE**  
**CITY-ST-ZIP** **GULF BREEZE FL 32563**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** **D** ☐ Delete  
**NAME** **BAUMAN, JEAN M**  
**STREET ADDRESS** **4132 ALEXANDER AVE**  
**CITY-ST-ZIP** **GULF BREEZE FL 32563**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
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**STREET ADDRESS**  
**CITY-ST-ZIP**

**12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

SIGNATURE REQUIRED JEAN M. BAUMAN  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-03  
Date

(850) 934-1275  
Daytime Phone #

CR2E034 (10/02)