

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P 98000000587

1. Entity Name

BAER-SUGG INC.

**FILED**  
**May 10, 2000 8:00 am**  
**Secretary of State**

05-10-2000 90095 034 \*\*\*150.00

Principal Place of Business

Mailing Address

12125 W. LINEBAUGH  
AVENUE  
TAMPA FL 33626

3103 AVOCET PLACE  
SAFETY HARBOR FL  
34695

2. Principal Place of Business

12125 W. LINEBAUGH AVE  
Suite, Apt. #, etc.

3. Mailing Address

3103 AVOCET PLACE  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

TAMPA, FLORIDA

City & State

SAFETY HARBOR

4. FEI Number

59-3485134

Applied For

Not Applicable

Zip

33626

Country

USA

Zip

34695

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LEBRON E. FREE  
2725 PARK DRIVE, STE #3  
CLEARWATER, FLA 34623-1023

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 State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	DONALD J. BAER	
STREET ADDRESS	12125 W. LINEBAUGH AVE	
CITY-ST-ZIP	TAMPA, FLA 33626	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MIKE SUGG	
STREET ADDRESS	12125 WEST LINEBAUGH AVE	
CITY-ST-ZIP	TAMPA, FLA 33626	
TITLE	S	<input type="checkbox"/> Delete
NAME	CHRISTINE BAER	
STREET ADDRESS	12125 W. LINEBAUGH AVE	
CITY-ST-ZIP	TAMPA, FLA 33626	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONALD J. BAER	
STREET ADDRESS	12125 W. LINEBAUGH AVE	
CITY-ST-ZIP	TAMPA, FLA 33626	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHRISTINE BAER	
STREET ADDRESS	12125 WEST LINEBAUGH AVE	
CITY-ST-ZIP	TAMPA, FLA 33626	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2400

Date

813-818-9463

Daytime Phone #

CR2E034 (9/99)