

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 01, 2001 8:00 am
Secretary of State

03-01-2001 90037 047 ***150.00

DOCUMENT # P98000022769 .**1. Entity Name****BALDASARE, INC.****Principal Place of Business****10868 NORCROSS CIRCLE
ORLANDO FL 32825
US****Mailing Address****10868 NORCROSS CIRCLE
ORLANDO FL 32825
US****2. Principal Place of Business****875 N Airfaya Trail****3. Mailing Address****12472 Lake Underhill Rd**

Suite, Apt. #, etc.

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#158**City & State****Orlando, FL****City & State****Orlando, FL****4. FEI Number****59-3497689****Applied For****Not Applicable****5. Certificate of Status Desired**☐**\$8.75 Additional
Fee Required****6. Name and Address of Current Registered Agent****BALDASARE, BRENT
10868 NORCROSS CIRCLE
ORLANDO FL 32825****7. Name and Address of New Registered Agent****Name Dr. Brent Baldasare**

Street Address (P.O. Box Number is Not Acceptable)

1826 Branchwater Trail**City Orlando****FL****Zip Code 32825****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 (if applicable).

(NOTE: Registered Agent signature required when reinstating)

DATE**1-8-00****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 NAME STREET ADDRESS CITY-ST-ZIP	PSTD BALDASARE, BRENT 10868 NORCROSS CIRCLE ORLANDO FL 32825	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD Dr. Brent Baldasare 1826 Branchwater Tr Orlando, FL 32825	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

1-8-00

Date

407-375-0000

Daytime Phone #

CR2E034 (10/00)