2002 Uniform Business Report (UBR)

Mar 26, 2002 8:00 am P98000038414 **Secretary of State** DOCUMENT # 1. Entity Name 03-26-2002 90001 032 ***150.00 BAUTEC, INC. Principal Place of Business Mailing Address 606 BALD EAGLE DRIVE SUITE 500 606 BALD EAGLE DRIVE SUITE 500 MARCO ISLAND FL 34145 MARCO ISLAND FL 34145 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-3541764 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired . Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WOODWARD, CRAIG R Street Address (P.O. Box Number is Not Acceptable) 606 BALD EAGLE DRIVE SUITE 500 MARCO ISLAND FL 34145 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS CR2E034 (9/01) ☐ Addition TITLE ☐ Delete TITLE BRINKMANN, HANS U NAME NAME 1106 DORCHESTER CT. C/O GERRY KNAUERHASE - 175-SOCIETY=CT STREET ADDRESS STREET ADDRESS MARGO ISLAND FL-94145-CITY-ST-ZIP YAPLES, FL 34104 CLIY-ST-ZIP ☐ Addition □ Delete TITLE BRINKMANN, CHRISTIANE 1106 DURCHESTER CT. NAME NAME STREET ADDRESS C/O GERRY KNAUERHASE -- 175-SOCIETY-CT STREET ADDRESS NAPLES, FL 34104 CITY-ST-21P MARCO ISLAND FL 84145-CITY-ST-7IP ☐ Addition TITLE ... Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS

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 frustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if PANS-ULRICH BRINKMANN

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FILED