


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90748 046 ***150.00

DOCUMENT # **P98000038414**

1. Entity Name
BAUTEC, INC.



Principal Place of Business
~~606 BALD EAGLE DRIVE SUITE 500~~
~~MARCO ISLAND FL 34145~~

Mailing Address
~~606 BALD EAGLE DRIVE SUITE 500~~
~~MARCO ISLAND FL 34145~~



2. Principal Place of Business
300 DUNES BLVD.
Suite, Apt. #, etc.
307

3. Mailing Address
1106 DORCHESTER CT.
Suite, Apt. #, etc.

City & State
NAPLES, FL

City & State
NAPLES, FL

Zip
34110 Country
USA

Zip
34104 Country
USA

CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3541764** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WOODWARD, CRAIG R.
606 BALD EAGLE DRIVE SUITE 500
MARCO ISLAND FL 34145

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

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) 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
Trust Fund Contribution. **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	BRINKMANN, HANS U
STREET ADDRESS	1106 DORCHESTER CT
CITY-ST-ZIP	NAPLES FL 34104
TITLE	D <input type="checkbox"/> Delete
NAME	BRINKMANN, CHRISTIANE
STREET ADDRESS	1106 DORCHESTER CT
CITY-ST-ZIP	NAPLES FL 34104
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	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	BURGWEG 2
CITY-ST-ZIP	21502 GEESTHACHT, GERMANY
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	BURGWEG 2
CITY-ST-ZIP	21502 GEESTHACHT, GERMANY
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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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:  **HANS U. BRINKMANN, 1/23/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)