

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000044550

1. Entity Name

P & R BACHMANN INVESTMENTS, INC.

FILED
Apr 23, 2000 8:00 am
Secretary of State

04-23-2000 90050 012 ***150.00

Principal Place of Business

2267 ALBION AVE
ORLANDO FL 32833

Mailing Address

2267 ALBION AVE
ORLANDO FL 32833-3985

2. Principal Place of Business

3257 Archer Ave

Suite, Apt. #, etc.

3. Mailing Address

3257 Archer Ave

Suite, Apt. #, etc.

City & State

Orlando FL

City & State

Orlando FL

Zip

32833

Country

USA

Zip

32833

Country

USA

4. FEI Number

59-3510514

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BACHMANN, PETER
2267 ALBAN AVE
ORLANDO FL 32833

7. Name and Address of New Registered Agent

Name

Bachmann Peter

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

3257 Archer Ave.

City

Orlando

FL

Zip Code

32833

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

Bachmann Peter Bachmann President

4-15-00

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	DP	<input type="checkbox"/> Delete
NAME	BACHMANN, PETER	
STREET ADDRESS	2267 ALBION AVE	
CITY-ST-ZIP	ORLANDO FL 32833	
TITLE	DST	<input type="checkbox"/> Delete
NAME	BACHMANN, REGINA	
STREET ADDRESS	2267 ALBION AVE	
CITY-ST-ZIP	ORLANDO FL 32833	
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		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3257 Archer Ave	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3257 Archer Ave	
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		
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:

Bachmann Peter

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-00 (407) 839-1983

Date

Daytime Phone #

CR2E034 (9/99)