

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90245 002 ***150.00

DOCUMENT # P98000059988

1. Entity Name
S. BARON, INC.



Principal Place of Business
**6211 VIA VENETIA NORTH
DELRAY BEACH FL 33484**

Mailing Address
**6211 VIA VENETIA NORTH
DELRAY BEACH FL 33484**

20008149



2. Principal Place of Business
16385 BRAEBURN Ridge TR

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
DELRAY BEACH

City & State
FL

4. FEI Number **65-0850531**

Applied For
Not Applicable

Zip
33446

Country
PB

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BARON, STEVE
6211 VIA VENETIA NORTH
DELRAY BEACH FL 33484**

Name **BARON, STEVE**

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

16385 BRAEBURN Ridge Tr

City **DELRAY BEACH**

FL

Zip Code
33446

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 **Steve Baron**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/10/03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **BARON, STEVE**
STREET ADDRESS **6211 VIA VENETIA N.**
CITY-ST-ZIP **DELRAY BEACH FL 33484**

TITLE **P** ☒ Change ☐ Addition
NAME **BARON, STEVE**
STREET ADDRESS **16385 BRAEBURN Ridge Tr**
CITY-ST-ZIP **DELRAY BEACH FL 33446**

TITLE **ST** ☐ Delete
NAME **BARON, ARLENE**
STREET ADDRESS **6211 VIA VENETIA N.**
CITY-ST-ZIP **DELRAY BEACH FL 33484**

TITLE **ST** ☐ Change ☐ Addition
NAME **BARON, ARLENE**
STREET ADDRESS **16385 BRAEBURN Ridge Tr**
CITY-ST-ZIP **DELRAY BEACH FL 33446**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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: **STEVEN BARON**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/03

Date

561-6374519

Daytime Phone #

CR2E034 (10/02)