DOCUMENT # **P99000002909** 1. Entity Name BAHL PROPERTIES, INC.

Principal Place of Business 4052 GILDER ROSE PLACE WINTER PARK FL 32792

- Mailing Address

4052 GILDER ROSE PLACE WINTER PARK FL 32792

2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc.

Mar 06, 2001 8:00 am **Secretary of State**

03-06-2001 90311 023 ***150.00

725269



DO NOT WRITE IN THIS SPACE

		1						
City & State		City & State	City & State		4. FEI Number 59-3549620			Applied For
								Not Applicable
Zip	Country	Zip	Country		5. Certificate of Stat	us Desired	\$8:7	5 Additional
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
		<u> </u>		Name				
BAHL, GULSHAN 4052 GILDER ROSE PLACE WINTER PARK FL 32792				Street Address (P.O. Box Number is Not Acceptable)				

City

(NOTE: Registered Agent signature required when reinstating)

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. 9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

SIGNATURE

FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Zip Code

(See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Delete Addition TITLE TITLE Change NAME NAME BAHL, GULSHAN STREET ADDRESS STREET ADDRESS 4052 GILDER ROSE PLACE CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL 32792 ☐ Change ☐ Delete ☐ Addition TITLE TITLE NAME NAME BAHL, J E STREET ADDRESS 4052 GILDER ROSE PLACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL 32792 ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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: