

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000043899**

1. Entity Name

BAVARIAN DESIGN ENTERPRISES, INC.**FILED****Apr 18, 2000 8:00 am**
Secretary of State

04-18-2000 90064 043 ***150.00

Principal Place of Business

**8135 KRISTEL CIRCLE
PORT RICHEY FL 34668**

Mailing Address

**8135 KRISTEL CIRCLE
PORT RICHEY FL 34668-5910**

2. Principal Place of Business

8822 ARUBA LANE
Suite, Apt. #, etc.

3. Mailing Address

8822 ARUBA LANE
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
PORT RICHEY, FLZip
34668Country
USACity & State
PORT RICHEY, FLZip
34668Country
USA4. FEI Number
59-3349246Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required****6. Name and Address of Current Registered Agent****SELBECK, BARBARA
10104 BOZEMAN DRIVE
NEW PORT RICHEY FL 34655****7. Name and Address of New Registered Agent**Name
CHRISTIAN ZELLER
Street Address (P.O. Box Number is Not Acceptable)
929 WESTWINDS BLVD.City
TARPON SPRINGS FL Zip Code
34689

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

(NOTE: Registered Agent signature required when reinstating)

DATE
04/04/20009. 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 State10. Election Campaign Financing: ☐ **\$5.00 May Be
Added to Fees**
Trust Fund Contribution.**11. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
PD	HANNS HUBER	8822 ARUBA LANE	PORT RICHEY, FL 34668		
VPDST	ELEONORE HUBER	8822 ARUBA LANE	PORT RICHEY, FL 34668		

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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE
04/04/2000

Date

Daytime Phone #

CR2E034 19/99