

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000092545

1. Entity Name

BAUER'S DRAPERY WORKROOM INC.

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90142 018 ***150.00

Principal Place of Business

1170 MARKET CIRCLE
PORT CHARLOTTE FL 33953

Mailing Address

1170 MARKET CIRCLE
PORT CHARLOTTE FL 33953

2. Principal Place of Business

24150 Teseo Blvd

3. Mailing Address

24150 Teseo Blvd

Suite, Apt. #, etc.

UNIT #2

Suite, Apt. #, etc.

UNIT #2

City & State

Port Charlotte FL

City & State

Port Charlotte FL

Zip

33980

Country

Charlotte

Zip

33980

Country

Charlotte



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0954782

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BAUER, RICKY E
1469 SCHENLEY STREET
PORT CHARLOTTE FL 33952

7. Name and Address of New Registered Agent

Name

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

City

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.

SIGNATURE

Ricky E Bauer

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

(NOTE: Registered Agent signature required when reinstating)

4/23/01
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, 2001 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 D ☐ Delete
NAME BAUER, RICKY E
STREET ADDRESS 1469 SCHENLEY STREET
CITY-ST-ZIP PORT CHARLOTTE FL 33952

TITLE D ☐ Delete
NAME BAUER, KAREN E
STREET ADDRESS 1469 SCHENLEY STREET
CITY-ST-ZIP PORT CHARLOTTE FL 33952

TITLE S ☐ Delete
NAME BAUER, KEITH E
STREET ADDRESS 376 HILLVIEW ROAD
CITY-ST-ZIP VENICE FL 34293

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☐ Change ☐ 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:

Ricky E Bauer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/01
Date

941-624-4346
Daytime Phone #

CR2E034 (10/00)