

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90204 049 ***150.00

DOCUMENT # S51710

1. Entity Name
H. W. PAUSCH & COMPANY, INC.



Principal Place of Business
**10313 ALBERTA CT
NEW PORT RICHEY FL 34654**

Mailing Address
**10313 ALBERTA CT
NEW PORT RICHEY FL 34654**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3070654**

Applied For

Not Applicable

Zip

Country

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

**PAUTZSCH, WILFRIED H.
10313 ALBERTA CT
NEW PORT RICHEY FL 34654**

Name

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

City

FL

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 NAME Delete
PS PAUTZSCH, WILFRED H.
STREET ADDRESS **10313 ALBERTA CT**
CITY-ST-ZIP **NEW PORT RICHEY FL**

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Delete
VT PAUTZSCH, NANCY M.
STREET ADDRESS **10313 ALBERTA CT**
CITY-ST-ZIP **NEW PORT RICHEY FL**

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Addition
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: *Wilfried H. Pautzsch*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **2/19/03** (727) 844-0727
Daytime Phone #

CR2E034 (10/02)