

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 10, 2003 8:00 am
Secretary of State

09-10-2003 90068 046 ***550.00

DOCUMENT # V24341

1. Entity Name
BACH HOLDINGS, INC.



Principal Place of Business
4959 COCONUT CREEK PARKWAY
COCONUT CREEK FL 33063

Mailing Address
7719 DOUBLETON DRIVE
DELRAY BEACH FL 33446



2. Principal Place of Business

3. Mailing Address

12372 Carmel Country Rd
201

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

San Diego, CA

4. FEI Number 65-0316825

Applied For

Not Applicable

Zip

Country

Zip

92130

Country

USA

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

☒ **CHECK HERE IF MAKING CHANGES**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BACH, MICHAEL E.
7719 DOUBLETON DRIVE
DELRAY BEACH FL 33446

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 \$550.00

After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P BACH, MICHAEL E. 7719 DOUBLETON DRIVE DELRAY BEACH FL 33446 | <input type="checkbox"/> Delete |
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|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Michael Bach 12372 Carmel Country Rd #201 San Diego, CA 92130 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
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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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/3/05 (858) 752-3903
Date Daytime Phone #

CR2E034 (4/03)