2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # V28118** May 08, 2000 8:00 am Secretary of State 1. Entity Name BARANOWSKI & ASSOCIATES, INC. 05-08-2000 90039 029 ***150.00 Principal Place of Business Mailing Address 6910 TALLOW TREE RD 6910 TALLOW TREE RD SANFORD FL 32771 SANFORD FL 32771-9796 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3121878 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BARANOWSKI, THEODORE Street Address (P.O. Box Number is Not Acceptable) 6910 TALLOW TREE RD BARANOWSKI, THEODORE 7050 TALLOW TREE ROAD SANFORD FL 32771-8936 City SANFORD 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. VICE President Treasure 4.24.00 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. BARANOWSKI, THEODORE M. Change TITLE TITLE ☐ Delete BARANOWSKI, THEODORE M NAME NAME 6910 TALLOW TREE RD 7050 TALLOW TREE ROAD STREET ADDRESS STREET ADDRESS SANFORD, FL. 32771 CITY-ST-ZIP CITY-ST-ZIP SANFORD FL TITLE Change ☐ Addition ☐ Delete BARANOWSKI, DOROTHY E. 6910 TALLOW TREERd SANFORD, FL 32771 BARANOWSKI, DOROTHY E NAME NAME STREET ADDRESS STREET ADDRESS 7050 TALLOW TREE RD CITY-ST-ZIP CITY-ST-ZIP SANFORD FL 36 ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS 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.