

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 17, 2002 8:00 am**  
**Secretary of State**

05-17-2002 90015 004 \*\*\*150.00

**DOCUMENT # F93000003644**

1. Entity Name  
**BAVARIA HOUSE CORP.**

Principal Place of Business <b>1901 KENT ST          STE F          WILMINGTON NC 28403          US</b>	Mailing Address <b>1901 KENT ST          STE F          WILMINGTON NC 28403          US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

4. FEI Number <b>56-1764176</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**ENGELHARDT, JAY  
 1813 SW 49TH TERRACE  
 CAPE CORAL FL 33914**

**7. Name and Address of New Registered Agent**

Name		
Street Address (P.O. Box Number is Not Acceptable)		
City	<b>FL</b>	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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME <b>VP ENGELHARDT, J</b>	<input type="checkbox"/> Delete	TITLE NAME <b>VP ENGELHARDT, J</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <del>1121 S FRONT ST</del> <b>WILMINGTON NC</b>		STREET ADDRESS <b>1901 Kent St Ste F</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP <b>WILMINGTON NC</b>		CITY-ST-ZIP <b>Wilmington, NC 28403</b>	
TITLE NAME <b>P RITTER, GERHARD</b>	<input type="checkbox"/> Delete	TITLE NAME <b>P RITTER, GERHARD</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <del>1121 S FRONT STREET</del> <b>WILMINGTON NC</b>		STREET ADDRESS <b>1901 Kent St Ste F</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP <b>WILMINGTON NC</b>		CITY-ST-ZIP <b>Wilmington, NC 28403</b>	
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CITY-ST-ZIP		CITY-ST-ZIP	
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TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: \_\_\_\_\_ **REQUIRED** **4/23/02**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)