

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90231 010 ***150.00

DOCUMENT # **F93000003644**

1. Entity Name
BAVARIA HOUSE CORP.



Principal Place of Business
**1901 KENT ST
STE F
WILMINGTON NC 28403
US**

Mailing Address
**1901 KENT ST
STE F
WILMINGTON NC 28403
US**



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 **56-1764176**
Applied For
Not Applicable

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

CHECK HERE IF MAKING CHANGES

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 **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 **VP** Delete
NAME **ENGELHARDT, J**
STREET ADDRESS **1901 KENT ST-STE F**
CITY-ST-ZIP **WILMINGTON NC 28403**

TITLE **Director** Change Addition
NAME **Engelhardt, Jay**
STREET ADDRESS **1813 SW 49th Terrace**
CITY-ST-ZIP **Cape Coral, FL 33914**

TITLE **P** Delete
NAME **RITTER, GERHARD**
STREET ADDRESS **1901 KENT ST STE F**
CITY-ST-ZIP **WILMINGTON NC 28403**

TITLE **Exec VP** Change Addition
NAME **Traudy Lewis**
STREET ADDRESS **8865 E. Baseline Rd., Ste. 813**
CITY-ST-ZIP **Mesa, AZ 85208**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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TITLE Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
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: Traudy Lewis **REQUIRED** TRAUDY LEWIS **2/16/03** 910-251-0998
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #

CR2E034 (10/02)