

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P98000038997**

1. Entity Name

**MAV BAKER, INC.****FILED**  
**Apr 13, 2001 8:00 am**  
**Secretary of State**

04-13-2001 90089 035 \*\*\*150.00

**00036266**

DO NOT WRITE IN THIS SPACE

|   |   |  |   |
|---|---|--|---|
| Principal Place of Business<br>6691 PARK STREET SO<br>ST PETERSBURG FL 33707  |   | Mailing Address<br>6691 PARK STREET SO<br>ST PETERSBURG FL 33707   |   |
| 2. Principal Place of Business  |   | 3. Mailing Address   |   |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.  |   |
| City & State  |   | City & State   |   |
| Zip   | Country   | Zip  | Country   |
| 4. FEI Number <b>59-3510836</b>   |   | Applied For<br>Not Applicable  |   |
| 5. Certificate of Status Desired <input type="checkbox"/>   |   | \$8.75 Additional Fee Required   |   |
| 6. Name and Address of Current Registered Agent<br><br><b>BAKER, MARY ANN V<br/>6691 PARK STREET SO<br/>ST PETERSBURG FL 33707</b>  |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____   |   |  |   |
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>  |   | FILE NOW!!! FEE IS \$150.00<br>After MAY 1, 2001 Fee will be \$550.00<br>Make Check Payable to Department of State                   |   |
| 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>   |   | \$5.00 May Be Added to Fees  |   |
| 11. OFFICERS AND DIRECTORS  |   | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | PVST<br>BAKER, MARYANN V<br>6691 PARK STREET SO<br>ST PETERSBURG FL 33707 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | VD<br>MEROLA, BARBARA<br>6691 PARK STREET SO<br>ST PETERSBURG FL 33707 <input type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 another like empowered. |   |  |   |
| SIGNATURE:  |   | Date <b>04/10/01</b> Daytime Phone # <b>727 344 3345</b>   |   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |   |  |   |

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