

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 178362

1. Entity Name

JIM BAKER CORPORATION

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90039 001 ***150.00

Principal Place of Business

JAMES D BAKER JR
3571 HEDRICK ST.
JACKSONVILLE FL 32205

Mailing Address

JAMES D BAKER
P.O. BOX 5812
JACKSONVILLE FL 32205-9445

2. Principal Place of Business

3. Mailing Address

EVELYN A. BAKER

Suite, Apt. #, etc.

Suite, Apt. #, etc.

3571 HEDRICK ST

City & State

City & State

JACKSONVILLE, FL

Zip

Country

Zip

Country

32205

4. FEI Number

59-0716935

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BAKER JR, JAMES D
3571 HEDRICK ST
JACKSONVILLE FL 32205

Name

EVELYN A. BAKER

Street Address (P.O. Box Number is Not Acceptable)

3571 HEDRICK ST

JACKSONVILLE, FL 32205

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.

SIGNATURE

Evelyn A. Baker

EVELYN A. BAKER

4-13-00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2000 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	PD	<input checked="" type="checkbox"/> Delete
NAME	BAKER JR, JAMES D	
STREET ADDRESS	3571 HEDRICK ST.	
CITY-ST-ZIP	JACKSONVILLE FL 32205	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BAKER, EVELYN A	
STREET ADDRESS	3571 HEDRICK ST	
CITY-ST-ZIP	JACKSONVILLE FL 32205	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BAKER, ROBERT M.	
STREET ADDRESS	3664 HEDRICK ST	
CITY-ST-ZIP	JACKSONVILLE, FL 32205	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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.

SIGNATURE: *Evelyn A. Baker* EVELYN A. BAKER 4-13-00 388-3275
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)