## 2003 FOR PROFIT CORPORATION

## Apr 07, 2003 8:00 am Secretary of State UNIFORM BUSINESS REPORT (UBR 226757 DOCUMENT # 04-07-2003 91054 006 \*\*\*150.00 1. Entity Name BAKER INDUSTRIES, INC. Principal Place of Business Mailing Address 10575 68 AVE N. STE C-2 10575 68 AVE N. STE C-2 SEMINOLE FL 33772 SEMINOLE FL 33772 US 2. Oringinal Place of Business 3. Mailing Address BAKER-INDUSTRIES, INC. BAKER INDUSTRIES, INC. 6650 100th Way North 25-C ☐ CHECK HERE IF MAKING CHANGES 6650 100th Way North 25-C St. Petersburg, FL 33708 St. Petersburg, FL 33708 Applied For 4. FEI Number 59-0871235 Not Applicable ZipCountry Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BAKER, FRANK Street Address (P.O. Box Number is Not Acceptable) 6650 100th Way North 25-C St: Petersburg 7FL 33708 City Zip Code FI 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Addition TITLE (Change TITLE ☐ Delete BAKER, FRANK BAKER, FRANK NAME NAME STREET ADDRESS 10575 68 AVE N. STE 2C STREET ADDRESS 6650 100th WAY SEMINOLE 172 33708 CITY-ST-ZIP CITY-ST-7IP PETERS BURG Change Addition TITLE Delete TITLE rodino, Phyllis NAME NAME 10575 68 AVE N. STE 2C STREET ADDRESS STREET ADDRESS TERSBURG SEMINOLE FL 33772 CITY-ST-7IP CITY-ST-ZIP Addition TITLE Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY+ST-ZIP

12. Thereby 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 at trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 is

changed, or on an attachmen

SIGNATURE

SIGNATURE:

address, with all of

ND TYPED OR PRINTED

FILED