

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 327169

1. Entity Name

BAKER - SANCHEZ & ASSOCIATES INC

**FILED**  
**May 22, 2000 8:00 am**  
**Secretary of State**

05-22-2000 90006 015 \*\*\*150.00

Principal Place of Business

Mailing Address

1903 EAST HANNA AVE  
TAMPA FL 33610

1903 EAST HANNA AVE  
TAMPA FL 33610-3544

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

59-1219462

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, ROBERT A  
1903 E HANNA AVE  
TAMPA FL 33610

Name

J.R. Sanchez Jr.

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

3201 Tampa Bay Blvd.

City

Tampa

FL

Zip Code

33607

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

*J.R. Sanchez Jr.*

J.R. Sanchez, Jr.

5/1/00

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 ☐ Delete  
NAME BAKER, ROBERT A.  
STREET ADDRESS 1903 E HANNA AVE  
CITY-ST-ZIP TAMPA, FL 00000 FL 33610

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME BAKER, ROBERT A.  
STREET ADDRESS 1903 E HANNA AVE  
CITY-ST-ZIP TAMPA, FL 00000

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME SANCHEZ, JOSEPH JR.  
STREET ADDRESS 3201 W TAMPA BAY BLVD  
CITY-ST-ZIP TAMPA, FL 00000

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*J.R. Sanchez Jr.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/00

Date

(813) 876-8982

Daytime Phone #

CR2E034 (9/99)