

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90201 029 ***150.00

DOCUMENT # 327169

1. Entity Name
BAKER - SANCHEZ & ASSOCIATES INC

Principal Place of Business
**1903 EAST HANNA AVE
 TAMPA FL 33610**

Mailing Address
**1903 EAST HANNA AVE
 TAMPA FL 33610**

2. Principal Place of Business
3201 Tampa Bay Blvd
 Suite, Apt. #, etc.

3. Mailing Address
3201 Tampa Bay Blvd.
 Suite, Apt. #, etc.

City & State
Tampa FL
 Zip
33607
 Country
USA

City & State
Tampa FL
 Zip
33607
 Country

4. FEI Number **59-1219462**

Applied For
 Not Applicable

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

NU001472



DO NOT WRITE IN THIS SPACE

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.* *4/27/01*
Signature, typed or printed name of registered agent and title, if applicable (NOT: Registered Agent signature required when re-registering) 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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	BAKER, ROBERT A. 1903 E HANNA AVE TAMPA, FL 00000 FL 33610	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BAKER, ROBERT A. 1903 E HANNA AVE TAMPA, FL 00000	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANCHEZ, JOSEPH JR. 3201 W TAMPA BAY BLVD TAMPA, FL 00000	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Roland R. Sanchez 305 Forest Park Ave Temple Terrace FL 33617	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS 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 all other like information powered.

SIGNATURE: *J.R. Sanchez Jr.* *J.R. Sanchez Jr.* *4/27/01* *(813) 876-8982*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)