

# 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**

3. Mailing Address

**3201 Tampa Bay Blvd.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Tampa FL**

City & State

**Tampa FL**

Zip

**33607**

Country

**USA**

Zip

**33607**

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

**BAKER, ROBERT A  
1903 E HANNA AVE  
TAMPA FL 33610**

7. Name and Address of New Registered Agent

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-issuing)

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

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

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☒ Change ☐ Addition  
NAME **President**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **VP**  
STREET ADDRESS **Roland R. Sanchez**  
CITY-ST-ZIP **305 Forest Park Ave**  
**Temple Terrace FL 33617**

TITLE ☐ Change ☐ Addition  
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

**J.R. Sanchez Jr.**

Date

**4/27/01 (813) 876-8982**

Daytime Phone #

CR2E034 (10/00)