

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 430646

1. Entity Name

BAKER CONSTRUCTION SERVICES, INC.

FILED

Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90041 043 ***158.75



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

505 S. RIVERHILLS DRIVE
TEMPLE TERRACE FL 33617
US

505 S RIVERHILLS DRIVE
TEMPLE TERRACE FL 33549-5893
US

2. Principal Place of Business

18205 30th STREET

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lutz, Florida

City & State

4. FEI Number

59-1467074

Applied For

Not Applicable

Zip

Country

33549-5893

Zip

Country

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, PETER C
505 SOUTH RIVERHILLS DRIVE
TEMPLE TERRACE FL 33617

Name

Baker, Peter C

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

18205 30th STREET

City

Lutz

FL

33549-5893

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

Peter C Baker

1-18-00

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	PT	<input type="checkbox"/> Delete
NAME	BAKER, PETER C	
STREET ADDRESS	505 RIVERHILLS DRIVE	
CITY-ST-ZIP	TEMPLE TERRACE FL	
TITLE	VS	<input type="checkbox"/> Delete
NAME	BAKER, VEDA JAN	
STREET ADDRESS	505 RIVERHILLS DRIVE	
CITY-ST-ZIP	TEMPLE TERRACE FL	
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAKER, PETER C.	
STREET ADDRESS	18205 30TH STREET	
CITY-ST-ZIP	LUTZ, FL 33549-5893	
TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAKER, VEDA JAN	
STREET ADDRESS	18205 30TH STREET	
CITY-ST-ZIP	LUTZ, FL 33549-5893	
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:

Peter C Baker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-00

Date

Daytime Phone #

(9013) 909-1835

CR2E034 (9/99)