_	UNIFORM BUSH	NESS REPO	RT	(UBR)	-1			FIL	ED		-
DOCUMENT # 527543 1. Entity Name						May 01, 2000 8:00 am Secretary of State					
baker e	Interprises, Inc.								OI SU 0 030 ***15		
Principal Plac	e of Business			-		05-01-20	00 90030	050 15	0.00		
1701 BLANDING BLVD PO BOX 459 MIDDLEBURG FL 32068		1701 BLANDING BLVD PO BOX 459 MIDDLEBURG FL 32068-4095									
2. Principal Place of Business		3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE						
City & State		City & State			4. FI	4. FEI Number 59-1721623				pplied For ot Applicable]
Zip	Country	Zip	Cour	ntry	5. C	ertificate c	of Status Desire	d []	\$8.75 Ad	ditional	1
	6. Name and Address of Current Re	gistered Agent 😑	·	Namo	7. Na	ame and /	Address of Nev	v Registere			
BAKER, J. DANIEL				Name Street Address			is Not Accepta	ble)	1		-
1701	BLANDING BLVD. DLEBURG FL 32068										-
MICO				City	FL Zip Code					le	{
8. The above	named entity submits this statement for the	he purpose of changing its	register	ed office or regist	ered age	nt, or both	, in the State of	_			4
					_						
SIGNATURE .	Signature, typed or printed name of registered agent and	title if applicable. (NOTI	E Registere	d Agent signature requir	red when reir	istating)		DAT	E		
Tax filing r	pration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)	FILE NOW After MAY 1, 20 Make Check Payat	00 Fee				tion Campaign t Fund Contribu	-	\$5.0 □ Adde)O May Be d to Fees	
11.	OFFICERS AND DI		12.		ADE	DITIONS/C	CHANGES TO C	OFFICERS A			- 6
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BAKER, J DANIEL 1701 BLANDING BLVD MIDDLEBURG FL	Delete							[] Change	Addition	2E034 (9/99)
TITLE NAME STREET ADDRESS	T LADSON, DIANE -1701-BLANDING BLVD	Delete	TITL NAM STR						Change	Addition	CR2E
CITY-ST-ZIP	MIDDLEBURG FL		_	-ST-ZIP				·····	Change	Addition	
TITLE NAME Street Address City-St-Zip	S Stewart, Barbara 1701 Blanding Blvd. Middleburg Fl	Delete									
TITLE NAME ~ STREET ADDRESS CITY - ST - ZIP	V-P Thomas R. John's 1701 Blanding Blud midd ie hurs 713					<u></u>			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete							🗌 Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		C Delete							Change	Addition	
indicated	certify that the information supplied with th on this report or supplemental report is tr rporation or the receiver or trustee empow or on an attachment with an address, with TURE:	ue and accurate and that r ered to execute this report	ny signa as requi	iture shall have th	e same le 07, Florid	egal effect la Statutes	as if made und ; and that my n	ler oath: tha	t I am an office	r or director	