2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 06, 2002 8:00 am Secretary of State DOCUMENT # 570538 1. Entity Name BAKER REALTY OF ST. AUGUSTINE, INC. 05-06-2002 90217 041 ***150.00 Principal Place of Business Mailing Address 214 SAN MARCO AVE 214 SAN MARCO AVE ST AUGUSTINE FL-32084 ST AUGUSTINE FL 32084 2. Principal Place of Business 3. Mailing Address 726 Permeter Park Grale 726 Permiter Park Circle Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE St. Ang. Fla Soint Augustine Pla 4. FEI Number Applied For 59-1812849 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BAKER, ROBERT G.SR. Street Address (P.O. Box Number is Not Acceptable) 214 SAN MARCO AVENUE ST. AUGUSTINE FL 32084 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE Change ☐ Addition Baker, Robert G Sr. NAME NAME 214 SAN MARCO AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-7IP ST. AUGUSTINE FL 32084 CITY-ST-ZIP ☐ Delete Change ☐ Addition BAKER, THERESA E. REA STREET ADDRESS 214 SAN MARCO AVE STREET ADDRESS ST. AUGUSTINE FL 32084 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change ☐ Addition -NAME NAME: STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE

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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

Addition