

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90117 037 ***150.00

DOCUMENT # 570947

1. Entity Name
JOHN J. BAKER, INC.



Principal Place of Business
**188 STARFISH CT
MARCO ISLAND FL 34145
US**

Mailing Address
**P O BOX 1728
MARCO ISLAND FL 34146
US**

2. Principal Place of Business
1850 San Marco Road

3. Mailing Address

Suite, Apt. #, etc.
Suite C

Suite, Apt. #, etc.

City & State
Marco Island, FL

City & State

Zip
34145

Country
US

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-1835091**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BAKER, JOHN J
188 STARFISH CT
MARCO ISLAND FL 34145**

7. Name and Address of New Registered Agent

Name

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

City

FL

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **BAKER, JOHN J**
STREET ADDRESS **188 STARFISH CT**
CITY-ST-ZIP **MARCO ISLAND FL 34145**

TITLE **STD** ☐ Delete
NAME **BAKER, CAROL ANN**
STREET ADDRESS **188 STARFISH CT**
CITY-ST-ZIP **MARCO ISLAND FL 34145**

TITLE **VD** ☐ Delete
NAME **BAKER, RICHARD P.**
STREET ADDRESS **188 STARFISH CT**
CITY-ST-ZIP **MARCO ISLAND FL 34145**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *John J. Baker*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-03 (239) 394-3405

Date

Daytime Phone #

CR2E034 (10/02)