

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 590461

1. Entity Name
BAKER PEST CONTROL, INC.

FILED
Mar 27, 2001 8:00 am
Secretary of State

03-27-2001 90014 050 ***150.00

Principal Place of Business
**205 S. PONCE DE LEON BLVD.
ST. AUGUSTINE FL 32084-1295**

Mailing Address
**205 S. PONCE DE LEON BLVD.
ST. AUGUSTINE FL 32084-1295**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1890361**

Applied For

Not Applicable

Zip

Country

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, PATRICIA S
205 S PONCE DE LEON BLVD
ST. AUGUSTINE FL 32084**

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.

SIGNATURE

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	BAKER, PATRICIA S	
STREET ADDRESS	3149 COUNTRY CREEK LANE	
CITY-ST-ZIP	ST. AUGUSTINE FL 32086	
TITLE	V	<input type="checkbox"/> Delete
NAME	BAKER, JAMES R	
STREET ADDRESS	2540 DEERWOOD ACRES DR	
CITY-ST-ZIP	ST. AUGUSTINE FL 32086	
TITLE	V	<input type="checkbox"/> Delete
NAME	BAKER, JAMES D	
STREET ADDRESS	2560 DEERWOOD ACRES DR	
CITY-ST-ZIP	ST. AUGUSTINE FL 32086	
TITLE	ST	<input type="checkbox"/> Delete
NAME	DOWDY, CATHY B	
STREET ADDRESS	5071 VOGEL RD.	
CITY-ST-ZIP	ST. AUGUSTINE FL 32092	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

Patricia S. Baker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Patricia S. Baker

3-9-01

904 824-8168

Date

Daytime Phone #

CR2E034 (10/00)