

## 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2002 8:00 am**  
**Secretary of State**

03-29-2002 90819 018 \*\*\*150.00

DOCUMENT # 590461

1. Entity Name

BAKER PEST CONTROL, INC.

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 &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number 59-1890361

Applied For  
Not Applicable5. 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

*Patricia S. Baker Mitchell*

Signature, typed or printed name of registered agent and valid if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-8-02

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, 2002 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

TITLE ☐ Delete  
NAME P  
STREET ADDRESS BAKER, PATRICIA S  
CITY-ST-ZIP 3149 COUNTRY CREEK LANE  
ST. AUGUSTINE FL 32086

TITLE ☐ Delete  
NAME V  
STREET ADDRESS BAKER, JAMES R  
CITY-ST-ZIP 2540 DEERWOOD ACRES DR  
ST. AUGUSTINE FL 32086

TITLE ☐ Delete  
NAME V  
STREET ADDRESS BAKER, JAMES D  
CITY-ST-ZIP 2560 DEERWOOD ACRES DR  
ST. AUGUSTINE FL 32086

TITLE ☐ Delete  
NAME ST  
STREET ADDRESS DOWDY, CATHY B  
CITY-ST-ZIP 5071 VOGEL RD.  
ST. AUGUSTINE FL 32092

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME MITCHELL, PATRICIA B.  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 Mitchell* 904 824 8168  
Signature and typed or printed name of signing officer or director  
Date 4-11-02 Daytime Phone #

CR2E034 (9/01)