

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 829243

1. Entity Name

MICHAEL BAKER, JR., INC.

FILED
Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90101 015 ***150.00

Principal Place of Business

Mailing Address

4301 DUTCH RIDGE ROAD
BEAVER PA 15009-9600

4301 DUTCH RIDGE ROAD
BEAVER PA 15009-9600

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 25-1228638

Applied For
Not Applicable

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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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, 2000 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	C	<input checked="" type="checkbox"/> Delete
NAME	HOMAN, CHARLES I	
STREET ADDRESS	420 ROUSER ROAD	
CITY-ST-ZIP	CORAOPOLIS PA 15108	
TITLE	T	<input type="checkbox"/> Delete
NAME	LATKOVIC, DONALD D.	
STREET ADDRESS	420 ROUSER ROAD	
CITY-ST-ZIP	CORAOPOLIS PA 15108	
TITLE	DP	<input type="checkbox"/> Delete
NAME	HAYWARD, JOHN	
STREET ADDRESS	420 ROUSER ROAD	
CITY-ST-ZIP	CORAOPOLIS PA 15108	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILEY, EDWARD L	
STREET ADDRESS	3601 EISENHOWER AVE., SUITE 600	
CITY-ST-ZIP	ALEXANDRIA VA 22304	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WHITE, J. ROBERT	
STREET ADDRESS	420 ROUSER ROAD	
CITY-ST-ZIP	CORAOPOLIS PA 15108	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MCKNIGHT, H. JAMES	
STREET ADDRESS	420 ROUSER ROAD	
CITY-ST-ZIP	CORAOPOLIS PA 15108	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICHARD SHAW	
STREET ADDRESS	420 ROUSER Rd	
CITY-ST-ZIP	CORAOPOLIS PA 15108	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
NAME		
STREET ADDRESS		
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:

Donald D. Latkovic
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-00
Date

724-495
4034
Daytime Phone #