

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 09, 2003 8:00 am**  
**Secretary of State**

09-09-2003 90028 002 \*\*\*550.00

**DOCUMENT # F01000003857**

1. Entity Name

**BAKER ASSURANCE GROUP, INC.**



Principal Place of Business

**7025 MEADOW GATE DR.  
APEX NC 27502**

Mailing Address

**7025 MEADOW GATE DR.  
APEX NC 27502**

2. Principal Place of Business

**17998 SE 115th Circle**

Suite, Apt. #, etc.

3. Mailing Address

**17998 SE 115th Circle**

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

**Summerfield FL**

City & State

**Summerfield FL**

4. FEI Number

**56-1578224**

Applied For

Not Applicable

Zip Country

**34491 Marion**

Zip Country

**34491 Marion**

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BAKER, MARALEE M  
3326 ATWELL AVENUE  
LADY LAKE FL 32162**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**

**After September 10, 2003 Fee will be \$750.00**

**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  
NAME BAKER, EDWIN C  
STREET ADDRESS 3326 ATWELL AVE.  
CITY-ST-ZIP LADY LAKE FL

TITLE VST  
NAME BAKER, MARALEE M  
STREET ADDRESS 3326 ATWELL AVE.  
CITY-ST-ZIP LADY LAKE FL

TITLE D  
NAME PLACIAL, MARGUERITE C  
STREET ADDRESS 7541 SWITZER RD.  
CITY-ST-ZIP OVERLAND PARK KS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE (17998) (115th) ☒ Change ☐ Addition  
NAME 17998 SE 115th Circle  
STREET ADDRESS Summerfield FL  
CITY-ST-ZIP 34491

TITLE (17998) (115th) ☒ Change ☐ Addition  
NAME 17998 SE 115th Circle  
STREET ADDRESS Summerfield FL  
CITY-ST-ZIP 34491

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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: [Signature]**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**9/8/03 352-347-2092**

Date

Daytime Phone #

CR2E034 (4/03)