FILED Jan 22, 2002 8:00 am Secretary of State 01-22-2002 90107 018 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

F92146

DOCUMENT #

1. Entity Name

RICHARD W. BAKER, P.A.

Principal Plac	ce of Business	Mailing Address	,				
2535 SUCCES	SS DR	2535 SUCCESS DR					
ODESSA FL	33556	ODESSA FL 33556					
US		US				A 313 11 31 81	
2. Principal Place of Business		3. Mailing Address				!(6 /16/1 0 /6/1/	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & State		City & State		4.	FEI Number 59-2219823		oplied For
Zip	Country	Zip ~	Country	5.		8.75 Add	ditional
	6. Name and Address of Current	Registered Agent		7.	Name and Address of New Registered Ag	jent	
				Name			
	DAVID E., ESQ.	Street Addres		Address (P.O.	(P.O. Box Number is Not Acceptable)		
4762 US HWY #19 HOLIDAY FL 34652							
NULIDAT PL 34032			City			Zip Cod	
			City		FL FL	Zip Coo	le
8. The above	named entity submits this statement fo	r the purpose of changing its r	egistered office	or registered a	gent, or both, in the State of Florida.		
	.1	4					
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE:	Registered Agent sign	nature required when	reinstating) DATE		
0 This corp.	pration is eligible to satisfy its Intangible	FILE NOW!!	! FEE IS \$15	∩ ∩∩ →			
Tax filling requirement and elects to do so. (See criteria on back)		After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of Si		\$550.00	10. Election Campaign Financing Trust Fund Contribution. □		May Be to Fees
11.	OFFICERS AND	DIRECTORS	12.	Al	DDITIONS/CHANGES TO OFFICERS AND D	DIRECTOR	S IN 11
TITLE	DPS	☐ Delete	TITLE		!	☐ Change	☐ Addition
NAME	BAKER, RICHARD W		NAME				
STREET ADDRESS CITY-ST-ZIP	2535 SUCCESS DR ODESSA FL 33566		STREET ADDRESS CITY-ST-ZIP	·			
TITLE	ODEOON 1E OOOO	Delete	TITLE	<u> </u>		Change	Addition
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CITY-ST-ZIP			CITY-ST-ZIP	`			
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NAME		— - 	NAME			-	
STREET ADDRESS			STREET ADDRESS	5			
CITY-ST-ZIP			CITY-ST-ZIP	-			□ A###==
TITLE		☐ Delete	TITLE NAME		Į	Change	☐ Addition
NAME STREET ADDRESS			NAME STREET ADDRESS	3			
CITY-ST-ZIP			CITY-ST-ZiP				

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:

Daytime Phone #