

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000002504

1. Entity Name

S.T. BAGGETT, INC.

FILED
Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90076 044 ***150.00

0801856

Principal Place of Business
1700 COUNTY ROAD SUITE C
MINDEN NV 89423

Mailing Address
1700 COUNTY ROAD SUITE C
MINDEN NV 89423

2. Principal Place of Business
9480 Gateway Drive

3. Mailing Address
9480 Gateway Drive

Suite, Apt. #, etc.
Suite 150

Suite, Apt. #, etc.
Suite 150

City & State
Reno, NV

City & State
Reno, NV

4. FEI Number 88-0333701

Applied For
Not Applicable

Zip Country
89511 USA

Zip Country
89511 USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME PCST BAGGETT, STANLEY T ☐ Delete
STREET ADDRESS 1700 COUNTY ROAD SUITE C
CITY-ST-ZIP MINDEN NV 89423

TITLE NAME V BAGGETT, KAREN L ☐ Delete
STREET ADDRESS 1700 COUNTY ROAD SUITE C
CITY-ST-ZIP MINDEN NV 89423

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE NAME ☐ Change ☐ Addition
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: *Karen Baggett*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-20-01 775 852-0422

CR2E034 (10/00)