

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G38883

1. Entity Name

~~WILLIAMS~~ BAKER & FORBES, P. A. (see attached)

FILED  
Apr 12, 2001 8:00 am  
Secretary of State

04-12-2001 90065 032 \*\*\*150.00

0391631

Principal Place of Business 505 AVE A. NW #101 WINTER HAVEN FL 33881	Mailing Address 505 AVE A. NW #101 WINTER HAVEN FL 33881
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00034769



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 595 Cypress Gardens Blvd Suite, Apt. #, etc. Suite 320	3. Mailing Address P.O. Box 150 Suite, Apt. #, etc.
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City & State Winter Haven, FL	City & State Winter Haven, FL
Zip 33880-4410	Country USA
Zip 33882-0150	Country USA

4. FEI Number 59-2290144	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BAKER, W., EVERETT 1550 11TH ST NE UNIT H4 WINTER HAVEN FL 33881
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7. Name and Address of New Registered Agent Name W. EVERETT BAKER Street Address (P.O. Box Number is Not Acceptable) 306 Lake Mariam Blvd. City Winter Haven, FL Zip Code 33884
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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 W. Everett Baker (NOTE: Registered Agent signature required when reinstating) DATE 1/29/01

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 STREET ADDRESS CITY-ST-ZIP	PD BAKER, W EVERETT 1550 11TH ST NE UNIT H4 WINTER HAVEN FL 33881 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD FORBES, WILLIAM JAMES 505 AVE A N.W. #101 WINTER HAVEN FL 33881 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 306 Lake Mariam Blvd. Winter Haven, FL 33884
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 129 Woden Way SE Winter Haven, FL 33884-2837
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: W. Everett Baker, President W. Everett Baker 1/27/01 (863) 294-3278  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)