

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90202 037 ***150.00

DOCUMENT # G38883

1. Entity Name

BAKER & FORBES, P.A.



Principal Place of Business

595 CYPRESS GARDENS BLVD

SUITE 320

WINTER HAVEN FL 33880-4410

US

Mailing Address

P O BOX 150

WINTER HAVEN FL 33882-0150

US

2. Principal Place of Business

306 LAKE MARIAM BLVD

3. Mailing Address

P.O. BOX 2239

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WINTER HAVEN, FL

City & State

WINTER HAVEN, FL

Zip

Country

33884

US

Zip

Country

33883-2239

US

4. FEI Number

59-2290144

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

BAKER, W., EVERETT

306 LAKE MARIAM BLVD

WINTER HAVEN FL 33884

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 \$150.00

After May 1, 2003 Fee will be \$550.00

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** ☐ Delete
NAME **BAKER, W EVERETT**
STREET ADDRESS **306 LAKE MARIAM BLVD**
CITY-ST-ZIP **WINTER HAVEN FL 33884**

TITLE **SVD** ☐ Delete
NAME **FORBES, WILLIAM JAMES**
STREET ADDRESS **129 WODEN WAY SE**
CITY-ST-ZIP **WINTER HAVEN FL 33884-2837**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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:

WILLIAM JAMES FORBES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/03

Date

863-294-4131

Daytime Phone #

CR2E034 (10/02)