

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90843 031 ***158.75

DOCUMENT # G75551

1. Entity Name
ALLEN, MATHEWS, BAKER, P.A.



Principal Place of Business
**257 SE AVE E
BELLE GLADE FL 33430**

Mailing Address
**PO BOX 2529
JUPITER FL 33468-2529**

2. Principal Place of Business
257 SE Avenue E
Suite, Apt. #, etc.

3. Mailing Address
P O BOX 2529
Suite, Apt. #, etc.

City & State
Belle Glade, Fla.

City & State
Jupiter, Fla.

4. FEI Number
59-2351841

Applied For
Not Applicable

Zip
33430 Country
Palm Beach

Zip
33468 Country
Palm Beach

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JOHN E. BAKER
112 SAND PINE DRIVE
JUPITER FL 33477**

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 _____ (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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BAKER, JOHN E 112 SAND PINE DRIVE JUPITER FL 33477	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TDS BAKER, JOHN E 112 SAND PINE DRIVE JUPITER FL 33477	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 an other like empowered.

SIGNATURE: *John E. Baker* **REQUIRED** **John E. Baker, Pres. 02/17/03 (561) 744-2377**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)