## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## H38692 **DOCUMENT#**

1. Entity Name

BAIKEYE INC



## **FILED** Feb 20, 2003 8:00 am Secretary of State 02-20-2003 90142 007 \*\*\*150.00

TAIRCIL	,,							
	ce of Business ADOWS ROAD LE FL 32256	Mailing Address 8616 BAYMEADOWS ROA JACKSONVILLE FL 32256						
2. Principal I	Place of Business	3. Mailing Address	V.,				EITH TITH ICO	
Suite, Apt	. #, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKING	G CHANGES	3	
City & State		City & State		4.	FEI Number 59-2488660	<del></del>	applied For	1
Zip	Country	Zip	Country	5.	Certificate of Status Desired	\$8.75 Ac	dditional	
	6. Name and Address of Curren			7.	Name and Address of New Registered		çu .	┨
DAILEC			Name					1
RAIKES, LARRY 8616 BAYMEADOWS RD		Street Address		ss (P.O. I	(P.O. Box Number is Not Acceptable)			
JACKSON	NVILLE FL 32256							1
			City		FL	Zip Cod	de	-
8. The above the obligation	e named entity submits this statement fitions of registered agent.	or the purpose of changing its	registered office or regis	stered ag	gent, or both, in the State of Florida. I am	familiar with	, and accept	1
SIGNATURE								
·	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	E: Registered Agent signature requ	uired when r	reinstating) DATE			l
ç F	ILE NOW!!! FEE IS \$150.00		V. W.					1
	4 Marc 4 - 0000 Par will be Appe on	l l						
	r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department o	of State			Selection Campaign Financing     Trust Fund Contribution.		00 May Be d to Fees	
			11.	Α[	Trust Fund Contribution.	Adde	d to Fees	
Make Check 10.	OFFICERS AND		11. TITLE	ΑC		Adde	d to Fees	100
Make Check 10. TITLE NAME	OFFICERS AND DP RAIKES, LARRY	DIRECTORS	TITLE NAME	ΑC	Trust Fund Contribution.	Adde  DIRECTOR	d to Fees	(40/00)
Make Check 10.	OFFICERS AND	DIRECTORS	TITLE	ΑC	Trust Fund Contribution.	Adde  DIRECTOR	d to Fees	(00/01/05)
Make Check  10.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	OFFICERS AND DP RAIKES, LARRY 8616 BAYMEADOWS RD JACKSONVILLE FL D	DIRECTORS	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	ΑC	Trust Fund Contribution.	Adde  DIRECTOR	d to Fees	100/04/ 40/00/
Make Check  10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND DP RAIKES, LARRY 8616 BAYMEADOWS RD JACKSONVILLE FL D RAIKES, MITCHELL	DIRECTORS  Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	AC	Trust Fund Contribution.	Adde  DIRECTOR  Change	d to Fees IS IN 11	CD20E034 (40/02)
Make Check  10.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	OFFICERS AND DP RAIKES, LARRY 8616 BAYMEADOWS RD JACKSONVILLE FL D	DIRECTORS  Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	AE	Trust Fund Contribution.	Adde  DIRECTOR  Change	d to Fees IS IN 11	CD0E004 (40/00)
Make Check  10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-SI-ZIP  TITLE	OFFICERS AND DP RAIKES, LARRY 8616 BAYMEADOWS RD JACKSONVILLE FL D RAIKES, MITCHELL 8616 BAYMEADOWS RD	DIRECTORS  Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	AE	Trust Fund Contribution.	Adde  DIRECTOR  Change	d to Fees IS IN 11	CD20004 (40/00)
Make Check  10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME	OFFICERS AND DP RAIKES, LARRY 8616 BAYMEADOWS RD JACKSONVILLE FL D RAIKES, MITCHELL 8616 BAYMEADOWS RD	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	JA	Trust Fund Contribution.	Adde DIRECTOR Change	d to Fees  IS IN 11  Addition  Addition	CD2E034 (40/02)
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Make Check  10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-SI-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DP RAIKES, LARRY 8616 BAYMEADOWS RD JACKSONVILLE FL D RAIKES, MITCHELL 8616 BAYMEADOWS RD	Delete  Delete  Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	AC	Trust Fund Contribution.	Adde DIRECTOR Change Change	d to Fees  SIN 11 Addition Addition	CD0E004 (40/00)
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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:

DUIRED SIGNATURE AND TY OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date