

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2003 8:00 am
Secretary of State

04-04-2003 90070 015 ***150.00

DOCUMENT # J39152

1. Entity Name
BAKER LAND, INC.



Principal Place of Business
515 S 6TH STREET
MACCLENNY FL 32063

Mailing Address
515 S 6TH STREET
MACCLENNY FL 32063

2. Principal Place of Business

3. Mailing Address
5 W. Macclenny Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Macclenny, FL 32063

4. FEI Number **59-2755002**

Applied For
Not Applicable

Zip

Country

Zip
32063

Country
US

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KIRKLAND, GRANVEL S.
ONE MACCLENNY AVENUE
MACCLENNY FL 32063

Name

Street Address (P.O. Box Number is Not Acceptable)
5 W. Macclenny Avenue

City

Macclenny,

FL

Zip Code
32063

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **DAVIS, R.H.**
STREET ADDRESS **HWY 121 NORTH**
CITY-ST-ZIP **MACCLENNY FL**

TITLE **Director-President** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **RHODEN, THOMAS R.**
STREET ADDRESS **515 SOUTH SIXTH STREET**
CITY-ST-ZIP **MACCLENNY FL**

TITLE **Director-Vice President** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **KIRKLAND, GRANVEL S.**
STREET ADDRESS **ONE MACCLENNY AVE**
CITY-ST-ZIP **MACCLENNY FL**

TITLE **Director-Secretary/Treasurer** ☒ Change ☐ Addition
NAME
STREET ADDRESS **5 W. Macclenny Avenue**
CITY-ST-ZIP **Macclenny, FL 32063**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: *Granvel S. Kirkland* **GRANVEL S. KIRKLAND** **1/24/2003 (904) 259-3161**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)