2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

K56741 DOCUMENT # 1. Entity Name

JUDSON B. BAGGETT CPA, PA



FILED Jan 16, 2003 8:00 am Secretary of State 01-16-2003 90112 019 ***150.00

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| Principal Place of Business C/O JUDSON B. BAGGETT 6815 DAIRY ROAD ZEPHYRHILLL FL 33540 2. Principal Place of Business | | C/0 681 | Mailing Address C/O JUDSON B. BAGGETT 6815 DAIRY ROAD ZEPHYRHILLL FL 33540 3. Mailing Address | | | | | | | | |
|--|--|---------------------|--|--|-----------------------|----------------|--|----------------|-----------------|-----------------------------|--|
| | | 3. M | | | | | (| Tiddi ildi dit | | | |
| Suite, Ap | t. #, etc. | Su | Suite, Apt. #, etc. | | | - | ☐ CHECK HERE IF MAKING CHANGES | | | | |
| City & Sta | ate | Cir | City & State | | | 4. | 4. FEI Number 59-2916030 Applied Fo | | | | |
| Zip | Country | Zip |) | Country | | | Certificate of Status Desired | | \$8.75 A | Not Applicable dditional | |
| | 6. Name and Address of Curre | ent Register | red Agent | | | | Name and Address of New | _ | Fee Requi | red | |
| BAGGET | T, JUDSON B. | | | | Name | | | | a Agont | | |
| 6815 DAIRY ROAD | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | | | |
| ZEPHYRHILLS FL 33540 | | | | | City | | | F | Zip Co | | |
| 8. The above the obliga | e named entity submits this statement tions of registered agent. | t for the purp | pose of changing its | registere | d office or regi | istered ag | ent, or both, in the State of Fl | orida. I an | n familiar with | , and accept | |
| SIGNATURE | Signature, typed or printed name of registered age | ent and title if ap | plicable. (NOTE | : Registered | Agent signature req | quired when re | einstating) | DATE | | | |
| Afte | ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.0 c Payable to Florida Department | 0 of State | | | | | Election Campaign Find Trust Fund Contribution | nancing | \$5.0 Adde | 00 May Be d to Fees | |
| 10. | OFFICERS AN | D DIRECTO | | 11. | | AD | L DITIONS/CHANGES TO OFF | ICERS AN | D DIRECTOR | RS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | BAGGETT, JUDSON B. 6815 DAIRY ROAD ZEPHYRHILLS FL | | ☐ Delete | TITLE NAME STREET CITY-S | ADDRESS | | | | ☐ Change | ☐ Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | · | | □ Delete | TITLE NAME STREET CITY-S' | ADDRESS T-ZIP | | | | ☐ Change | ☐ Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | - | Delete | TITLE NAME STREET CITY-ST | - ADDRESS I-ZIP | | | <u>-</u> | Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Delete | TITLE NAME STREET A | ADDRESS - ZIP | | | | ☐ Change | Addition | |
| TITLE VAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Delete | TITLE NAME STREET A | I . | | | | Change | Addition | |
| ITLE IAME ITREET ADDRESS ITY-ST-ZIP | | | C) Delete | TITLE NAME STREET A CITY-ST- | | | | , | Change | Addition | |

I hereby certify that the information supplied with this filling 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: