## 2001 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # K58137**

1. Entity Name

BAKER PARTS AND SUPPLY, INC

FILED Feb 12, 2001 8:00 am Secretary of State

02-12-2001 90232 042 \*\*\*150.00

Principal Place 1304 GEORGIA BAKER:FL:3253	AVE	م <u>ـــــ</u>	Mailing Address PO BOX 157  BAKER-FL 32531				25.	-		·
U\$  2. Principal Pl	lace of Busine	ss	3. Mailing Address			_				
						_		(88) 8)8(1 6)8(1	#	11 11111111111111
Suite, Apt. #, etc.			Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE					
City & State		City & State			4. FEI Number 59-2925982				pplied For ot Applicable	
Zip	Zip Country		Zip Country		ry	5. Certificate of Status Desired See Required Fee Required				
	6. Name a	and Address of Current R	egistered Agent			7. N	Name and Address of New Ro	egistered A	gent	
					Name					
Brunson, Joseph M. Corner of 16th St. and Monroe A' Baker Fl. 32536			ÆNUE ·		Street Address (P.O. Box Number is Not Acceptable)					
DANL	_H I'L 32330									
I					City			FL	Zip Cod	е
8. The above	named entity	submits this statement for t	he purpose of changing its	registere	d office or registe	red ag	gent, or both, in the State of Flo	rida.		
SIGNATURE _	Signature, typed or	printed name of registered agent an	d title if applicable. (NOTE	E: Registered	Agent signature require	d when re	einstating)	DATE		
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)			FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of St			nte	10. Election Campaign Fina Trust Fund Contribution			<b>0</b> May Be I to Fees
11,		OFFICERS AND D		12.			L DDITIONS/CHANGES TO OFFI	CERS AND I	DIRECTORS	3 IN 11
TITLE	DCT				T.					
NAME STREET ADDRESS		IOCEBH M	☐ Delete	TITLE	1				Change	☐ Addition
OTTER ADDRESS		, Joseph M. Roe street	∟ Delete	NAME	1				☐ Change	_
CITY-ST-ZIP	5760 MON BAKER FL		∟ Delete	NAME STREE					_ ,	_
CITY-ST-ZIP TITLE	5760 MON BAKER FL DV	ROE STREET	☐ Delete	NAME STREE CITY- TITLE	T ADDRESS ST-ZIP				, <del>t</del>	_
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CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	5760 MON BAKER FL DV BRUNSON 295 EDGE	ROE STREET , WILLIAM D. NOOD PLACE		NAME STREE CITY- TITLE NAME STREE	T ADDRESS ST-ZIP				, <del>t</del>	-
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	5760 MON BAKER FL DV BRUNSON	ROE STREET , WILLIAM D. NOOD PLACE	☐ Delete	NAME STREE CITY- TITLE NAME STREE	T ADDRESS ST-ZIP  T ADDRESS ST-ZIP				☐ Change •	-
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indicated on this report or supplied with this ming does not qualify for the exemption stated in Section 119.07(3)(1), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

KILLLE JALIN ON DELICE OF THE COLOR OF THE COLOR

2-8-201

8505313131

Daytime Phone #

CR2E034 (10"20)