

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K61080

1. Entity Name

JAMES BAXTER ARCHITECTURAL SCALE MODELS INC.

**FILED**  
Feb 01, 2000 8:00 am  
Secretary of State

02-01-2000 90066 007 \*\*\*150.00

Principal Place of Business

Mailing Address

C/O JAMES BAXTER  
533 N.E. 16TH AVENUE  
FT. LAUDERDALE FL 33301-8339

C/O JAMES BAXTER  
533 N.E. 16TH AVENUE  
FT. LAUDERDALE FL 33301-1355

00011017

2. Principal Place of Business

3. Mailing Address

40 JAMES BAXTER

40 JAMES BAXTER

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4708 N. TUTTLE AVE

4708 N. TUTTLE AVE

City & State

City & State

SARASOTA, FL

SARASOTA, FL

Zip

Country

Zip

Country

34234

USA

34234

USA

4. FEI Number 65-0092923

Applied For

Not Applicable

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

BAXTER, JAMES  
533 N.E. 16TH AVENUE  
FT. LAUDERDALE FL

Name BAXTER, JAMES

Street Address (P.O. Box Number is Not Acceptable)

4708 N. TUTTLE AVE

City SARASOTA

FL

Zip Code 34234

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.

SIGNATURE

JAMES BAXTER

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/15/00

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, 2000 Fee will be \$550.00  
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D  
NAME BAXTER, JAMES  
STREET ADDRESS 533 N.E. 16TH AVENUE  
CITY-ST-ZIP FT. LAUDERDALE FL ☒ Delete

TITLE D  
NAME BAXTER, JAMES  
STREET ADDRESS 4708 N. TUTTLE AVE  
CITY-ST-ZIP SARASOTA, FL 34234 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
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CITY-ST-ZIP ☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

13. 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 11 or Block 12 if changed, or on an attachment with my address with all other like information.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES BAXTER

1/15/00 941-360-8891

Date

Daytime Phone #