

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000015351

1. Entity Name

BAKER-BOCA RATON, LLC

Principal Place of Business Mailing Address
20851 Strate Road 7 227 Mahalani St., Ste.107
Boca Raton, FL 33428 Wailuku, HI 96793

2. Principal Place of Business 3. Mailing Address
20851 State Road 7 227 Mahalani Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 107

City & State City & State
Boca Raton, FL 33428 Wailuku, HI

Zip Country Zip Country
33428 96793

4. FEI Number Applied For
99-0352673 Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BDB Agent Co.
2500 N. Military Trail-Suite 480
Boca Raton, FL 33431

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE Managing Member ☐ Delete
NAME Bobby C. Baker
STREET ADDRESS 227 Mahalani St., Suite 107
CITY-ST-ZIP Wailuku, HI 96793

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

TITLE Member ☐ Delete
NAME Julie A. Baker
STREET ADDRESS 227 Mahalani St., Suite 107
CITY-ST-ZIP Wailuku, HI 96793

TITLE ☐ Change ☐ Addition
NAME 300003745623-0
STREET ADDRESS -02/21/01--01085--011
CITY-ST-ZIP *****50.00 *****50.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE

Bobby C. Baker

2-18-01

Date

808-242-2600

Daytime Phone #

CR2E083 (11/00)