

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L34511

1. Entity Name  
C.L. BAXTER & CO., INC.

**FILED**  
**Apr 25, 2001 8:00 am**  
**Secretary of State**

04-25-2001 90128 020 \*\*\*150.00

Principal Place of Business

C/O MARK STRANSKY  
4705 N.W. 72ND AVENUE  
MIAMI FL 33166

Mailing Address

PO BOX 67001  
POMPANO BEACH FL 33067  
Coral Springs, FL



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

310 MARK STRANSKY  
3140 NW 51ST PLACE

3. Mailing Address

Suite, Apt. #, etc.

City & State

CORAL SPRINGS FL

City & State

CORAL SPRINGS

Zip

33067

Country

FLORIDA

Zip

Country

4. FEI Number 65-0174621

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

STRANSKY, MARK  
4705 N.W. 72ND AVENUE  
MIAMI FL 33166

7. Name and Address of New Registered Agent

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

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 State**

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PS	<input type="checkbox"/> Delete
NAME	STRANSKY, MARK	
STREET ADDRESS	4705 N.W. 72ND AVENUE	
CITY - ST - ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	STRANSKY, MARK	
STREET ADDRESS	4705 N.W. 72ND AVENUE	
CITY - ST - ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRANSKY, MARK	
STREET ADDRESS	3140 NW 51ST PLACE	
CITY - ST - ZIP	CORAL SPRINGS, FL 33067	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRANSKY, MARK	
STREET ADDRESS	3140 NW 51ST PLACE	
CITY - ST - ZIP	CORAL SPRINGS, FL 33067	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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 an address, with all other like empowered.

SIGNATURE: STACY STRANSKY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/20/01 (954) 227-2275

Daytime Phone #

CR2E034 (10/00)