

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 06, 2001 8:00 am
Secretary of State

07-06-2001 90211 015 ****61.25

DOCUMENT # N00000006843

1. Entity Name

J.V. BAXTER AND COMPANY, INCORPORATED

Principal Place of Business

2645 N.W. 21 AVE
 OAKLAND PARK FL

Mailing Address

2120 N.W. 27TH STREET
 OAKLAND PARK FL 33311

2. Principal Place of Business

17335-35-PL-North

Suite, Apt. #, etc.

3. Mailing Address

17335-35-PL-North

Suite, Apt. #, etc.

City & State

Loxahatchee, FL

City & State

Loxahatchee, FL

4. FEI Number

65-1048142

Applied For

Not Applicable

Zip

Country

33470

USA

Zip

Country

33470

USA

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

Name

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

City

FL

Zip Code

BAXTER, MAVIS E
 2645 N.W. 21 AVE
 OAKLAND PARK FL 33311

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 \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP** ☐ Delete
 NAME **BAXTER, JOSEPH V**
 STREET ADDRESS **2120 N.W. 27TH STREET**
 CITY-ST-ZIP **OAKLAND PARK FL 33311**

TITLE **DP** ☒ Change ☐ Addition
 NAME **Baxter, Joseph V**
 STREET ADDRESS **17335-35-PL-North**
 CITY-ST-ZIP **Loxahatchee, FL 33470**

TITLE **DV** ☐ Delete
 NAME **SMITH, MAC K**
 STREET ADDRESS **3719 N.W. 1ST COURT**
 CITY-ST-ZIP **FT LAUDERDALE FL 33311**

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

TITLE **DS** ☐ Delete
 NAME **CAESAR, MIRIAM**
 STREET ADDRESS **2181 N.W. 21 TERRACE**
 CITY-ST-ZIP **FT LAUDERDALE FL 33311**

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

TITLE **ST** ☐ Delete
 NAME **BAXTER, LILLIAN**
 STREET ADDRESS **2120 NW 27TH STREET**
 CITY-ST-ZIP **FT LAUDERDALE FL 33311**

TITLE **ST** ☒ Change ☐ Addition
 NAME **Baxter, Lillian**
 STREET ADDRESS **17335-35-PL-North**
 CITY-ST-ZIP **Loxahatchee, FL 33470**

TITLE **DV** ☐ Delete
 NAME **BAXTER, ALMA**
 STREET ADDRESS **2120 NW 27TH COURT**
 CITY-ST-ZIP **FT LAUDERDALE FL 33311**

TITLE **DV** ☒ Change ☐ Addition
 NAME **Baxter, Alma**
 STREET ADDRESS **17335-35-PL-North**
 CITY-ST-ZIP **Loxahatchee, FL 33470**

TITLE **DV** ☐ Delete
 NAME **BRYAN, JANCIE**
 STREET ADDRESS **720 CAROLINA AVE**
 CITY-ST-ZIP **FT LAUDERDALE FL 33311**

TITLE **DV** ☒ Change ☐ Addition
 NAME **Bryan, Janiece**
 STREET ADDRESS **6704 Rivermill Club Drive**
 CITY-ST-ZIP **Boynton Beach, Florida 33463**

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Lillian Baxter*

6/30/01 (954)415-1147

CR2E037 (10/00)