

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2003 8:00 am
Secretary of State

02-14-2003 90193 046 ***150.00

DOCUMENT # P00000022736

1. Entity Name
JOHN E. BAKER III, P.A.



Principal Place of Business
**3436 DONOSO CT.
NAPLES FL 34109**
US

Mailing Address
**3436 DONOSO CT.
NAPLES FL 34109**
US

2. Principal Place of Business
3333 CERRITO COURT
Suite, Apt. #, etc.

3. Mailing Address
3333 CERRITO COURT
Suite, Apt. #, etc.

City & State
NAPLES, FLORIDA
Zip **34109** Country **USA**

City & State
NAPLES, FLORIDA
Zip **34109** Country **USA**

4. FEI Number **NOT APPLICABLE**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**BAKER, JOHN E
3436 DONOSO CT.
NAPLES FL 34109**

Name **SAME**

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

3333 CERRITO COURT

City **NAPLES**

FL Zip **34109**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *John E. Baker III*

(NOTE: Registered Agent signature required when reinstating)

DATE **1/29/03**

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE **DPT** ☐ Delete
NAME **BAKER, JOHN E III**
STREET ADDRESS **3436 DONOSO CT.**
CITY-ST-ZIP **NAPLES FL 34109**

TITLE **DVPS** ☐ Delete
NAME **BAKER, HELEN A**
STREET ADDRESS **3436 DONOSO CT.**
CITY-ST-ZIP **NAPLES FL 34109**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS **3333 CERRITO COURT**
CITY-ST-ZIP **NAPLES, FL 34109**

☒ Change ☐ Addition

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CITY-ST-ZIP **NAPLES, FL 34109**

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CITY-ST-ZIP

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 607, 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/03

Date

Daytime Phone #