

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90662 024 ***150.00

0002165 AV

DOCUMENT # P00000071178

1. Entity Name
BAKER'S SPORT'S, INC.

Principal Place of Business
5442 GREEN AVE
CALLAHAN FL 32011

Mailing Address
PO BOX 1177
CALLAHAN FL 32011



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3663358**

☐ 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

BAKER, GARY
5442 GREEN AVE
CALLAHAN FL 32011

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **STD** ☐ Delete
NAME **CARROLL, TIFFANY**
STREET ADDRESS **5442 GREEN AVE**
CITY-ST-ZIP **CALLAHAN FL 32011**

TITLE **President** ☐ Change ☐ Addition
NAME **Joshua S. Baker**
STREET ADDRESS **5442 Green Ave.**
CITY-ST-ZIP **Callahan, FL 32011**

TITLE **D** ☐ Delete
NAME **BAKER, GARY**
STREET ADDRESS **5442 GREEN AVE**
CITY-ST-ZIP **CALLAHAN FL 32011**

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

TITLE **D** ☐ Delete
NAME **CARROLL, TIFFANY**
STREET ADDRESS **5442 GREEN AVE**
CITY-ST-ZIP **CALLAHAN FL 32011**

TITLE ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption state indicated on this report or supplemental report is true and accurate and that my signature shall have the effect of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, F.S., if changed, or on an attachment with an address, with all other like empowered.

Information
 director
 lock 12 if

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jeff Canall *Tiffany Carroll* *3/20/02* *(904) 879-1942*

CR2E034 (9/01)