2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 90154 012 ***150.00

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DOCUMENT # P00000071178

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

Principal Place of Business	Mailing Address
5442 GREEN AVE CALLAHAN FL 32011	PO BOX 1177 CALLAHAN FL 32011

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
4626 Lenox Avenue Suite, Apt. #, etc.	4626 Lenox Avenue Suite, Apt. #, etc.
City & State: Jacksonville, FL	City & State: Jacksonville, Florida
Zip: 32205 Country: USA	Zip: 32205 Country: USA

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

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 $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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD CARROLL, TIFFANY 5442 GREEN AVE CALLAHAN FL 32011	☐ Delete	STD Tiffany Carroll Baker 4626 Lenox Avenue Jacksonville, FL 32205	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BAKER, GARY 5442 GREEN AVE CALLAHAN FL 32011	☑ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CARROLL, TIFFANY 5442 GREEN AVE CALLAHAN FL 32011	☑ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BAKER, JOSHUA S 5442 GREEN AVE CALLAHAN FL 32011	☐ Delete	P Joshua S. Baker 4626 Lenox Avenue Jacksonville, FL 32205	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (10/02)

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: Tiffany Carroll Baker SIGNATURE REQUIRED 4/23/03 (904)388-8120
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #