2001 UNIFORM BUSINESS REPORT (UBR)

Feb 07, 2001 8:00 am DOCUMENT # P00000095872 **Secretary of State** 1." Entity Name ROBERT B. BAKER, P.A. 02-07-2001 90157 044 ***150.00 Principal Place of Business Mailing Address 6100 GLADES RD. SUITE 301 6100 GLADES RD. SUITE 301 **BOCA RATON FL 33434 BOCA RATON FL 33434** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For-Not Applicable Zip Country Country \$8.75 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BAKER, ROBERT B Street Address (P.O. Box Number is Not Acceptable) 6100 GLADES RD, SUITE 301 **BOCA RATON FL 33434** 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (10/00) Addition ☐ Delete TITLE Change TITLE BAKER, ROBERT B NAME NAME STREET ADDRESS STREET ADDRESS 6100 GLADES RD, SUITE 301 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33434** □ Addition TITLE Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME

13. I hereby certify that the information supplied with this filing do 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 curate 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 trusted empty of the 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 address in all other like empowered.

SIGNATURE

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Date

Date

Date

Description of the corporation or the receiver or trusted end of the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that I am an officer or director of the corporation or the receiver or trusted 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 trusted 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 trusted 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 of the co

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

ROBERT B. BAKER

FLORIDA BAR NEW YORK BAR MASSACHUSETTS BAR RHODE ISLAND BAR

ROBERT A. ZIMMERMAN

FLORIDA BAR

JOHN A. WILLIS FLORIDA BAR NEW YORK BAR

KAREN Jelanuary 30, 2001 TAMMY FUTRIS

TERRY AVALOS

PARALEGALS

PRACTICE LIMITED TO INJURY AND DEATH CLAIMS CAUSED BY NEGLIGENCE

6100 GLADES ROAD, SUITE 30็ป BOCA RATON, FLORIDA 33434 (561) 367-0025

> 1-888-BAKER LAW FAX (561) 367-6094%

E-MAIL: BZLAW2@BELLSOUTHTNET

CORAL SPRINGS OFFICE * 9900 W. SAMPLE ROAD CORAL SPRINGS, FL 33065 (954) 753-6990

PLEASE REPLY TO BOCA RATON

Division of Corporations _ Uniform Business Report Filings Post Office Box 1500 Tallahassee, FL 32302-1500

Re:

Robert B. Baker, P.A.

FEI Number: 65-1049926

Dear Sir/Madam:

Enclosed please find the completed 2001 Uniform Business Report and check in the amount of \$150.00 in payment for same.

Thank you for your attention to this matter.

Very truly

RBB/kmj **Enclosures**

