

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000096505

1. Entity Name
BAGGS' WHOLESALE CO., INC.

FILED
Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90024 034 ***150.00

Principal Place of Business

**608 REID ST
PALATKA FL 32177**

Mailing Address

**608 REID ST
PALATKA FL 32177**

2. Principal Place of Business

608 REID ST

3. Mailing Address

608 REID ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
PALATKA FL

City & State
PALATKA FL

4. FEI Number

59-3679171

Applied For

Not Applicable

Zip
32177

Country
POTNAM

Zip
32177

Country
POTNAM

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

**BAGGS, LINDA JOY
608 REID ST
PALATKA FL 32177**

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 *Linda Joy Baggs*

(NOTE: Registered Agent signature required when reinstating)

DATE

4/4/01

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **BAGGS, DAVID S JR**
STREET ADDRESS **608 REID ST**
CITY-ST-ZIP **PALATKA FL 32177**

TITLE **President** ☒ Change ☐ Addition
NAME **BAGGS DAVID S. JR**
STREET ADDRESS **608 REID ST**
CITY-ST-ZIP **PALATKA FL 32177**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP + SEC.** ☐ Change ☒ Addition
NAME **DORIS ANNA BAGGS**
STREET ADDRESS **608 REID ST**
CITY-ST-ZIP **PALATKA FL 32177**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Doris Anna Baggs

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-4-01

Date

386-3289231

Daytime Phone #

CR2E034 (10/00)