

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 21, 2003 8:00 am
Secretary of State

03-21-2003 90126 035 ***158.75

DOCUMENT # P01000109163



1. Entity Name
BALDWIN PARK REAL ESTATE CO.

Principal Place of Business
**5546 LAKE HOWELL RD.
WINTER PARK FL 32792**

Mailing Address
**5546 LAKE HOWELL RD.
WINTER PARK FL 32792**

2. Principal Place of Business
110 N. Orlando Av.

3. Mailing Address
110 N. Orlando Av.

Suite, Apt. #, etc.
#13

Suite, Apt. #, etc.
#13

City & State
Maitland, FL 32751

City & State
Maitland, FL 32751

Zip
32751

Country
USA

Zip
32751

Country
USA

4. FEI Number
59-3695116

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**JONES, BONNIE L
5546 LAKE HOWELL RD.
WINTER PARK FL 32792**

7. Name and Address of New Registered Agent

Name
Jones, Bonnie L
Street Address (P.O. Box Number is Not Acceptable)
110 N. Orlando Av.
#13
City
Maitland FL Zip Code
32751

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 *Bonnie L Jones* **Bonnie L Jones**

03/18/03
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 PD	<input type="checkbox"/> Delete
NAME JONES, BONNIE L	
STREET ADDRESS P.O. BOX 1241	
CITY-ST-ZIP WINTER PARK FL 32790	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: *Bonnie L Jones* **Bonnie L Jones**

03/18/03 **(407) 677-1707**
Date Daytime Phone #