## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBI

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## Mar 24, 2003 8:00 am Secretary of State P02000085091 DOCUMENT # 1. Entity Name 03-24-2003 90243 006 \*\*\*150.00 BAKER PRE-OWNED AUTOS, INC. Principal Place of Business Mailing Address 2175 N. ANDREWS AVENUE 2175 N. ANDREWS AVENUE #2 POMPANO BEACH FL 33069 POMPANO BEACH FL 33069 U\$ 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State 4. FEI Number 0516024 City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FUCHS, LAWRENCE M ESQUIRE Street Address (P.O. Box Number is Not Acceptable) FUCHS AND JONES, P.A. 590 ROYAL PALM BEACH BOULEVARD **ROYAL PALM BEACH FL 33411** 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. 3 - 20 - 0*3* SIGNATURE ered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD TITLE ☐ Delete TITLE ☐ Change X Addition NAME BAKER, DEAN R. 2235 N. DIXIE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP POMPANO BEACH FL TITLE ŜТ ☐ Delete TITLE Change **X** Addition NAME NAME BAKER. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C!TY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 changed, or on an attachment with an address, with all other like empowered.

FILED

CR2E034 (10/02)

R. Baker 3-20-03 SIGNATURE: MATURE AND TYPED OR PRINTED NAME OF SIG