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## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORTATION

Sep 08, 2003 8:00 am Secretary of State P02000111382 **DOCUMENT #** 09-08-2003 90312 006 \*\*\*150.00 1. Entity Name MIKE BAKER TILE, INC. Principal Place of Business Mailing Address 15831 SE 89TH TER. 15831 SE 89TH TER. SUMMERFIELD FL 34491 SUMMERFIELD FL 34491 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 800051997 Not Applicable Zip Country 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 Name HICKS, DANIEL Street Address (P.O. Box Number is Not Acceptable) 421S. PINE AVENUE OCALA FL 34474-4175 Zip Code City 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be After September 10, 2003 Fee will be \$750.00 Trust Fund Contribution. Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PXV/T/S/P/c/M Mike Baker TITLE PART ☐ Addition ☐ Delete TITLE ☐ Change NAME NAME 15831 SE 85TH TERN. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Delete TITLE ☐ Change TITLE 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 CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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:

Flord Baker Arg 6, 03 352-266-1194

Date Date Dayline Phone #

Attachment H

To whom it may concern,

In regards to the Uniform Business Report, and the \$400.00 late fee. I did not receive the first notice to file my UBR, and therefore do not believe the late fee to be justifiable without a first notice. I have enclosed the original \$150.00 to cover the fee.

Thank You,

Michael Baker

President, Michael Baker

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