


FILED
Apr 28, 2003 8:00 am
Secretary of State

04-16-2003 90188 023 ***150.00

55031417



☐ CHECK HERE IF MAKING CHANGES

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)			
DOCUMENT # P02000126895			
1. Entity Name BAKER POWER EQUIPMENT, INC.			
Principal Place of Business 126 SOUTH 5TH STREET MACLENNY FL 32063		Mailing Address 126 SOUTH 5TH STREET MACLENNY FL 32063	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 74-3071572		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BALL, JIMMIE L 126 SOUTH 5TH STREET MACLENNY FL 32063		Name: <u>Jimmie Lee Ball</u> Street Address (P.O. Box Number is Not Acceptable): <u>6858 Miltondale Rd.</u> City: <u>Macclenny</u> FL Zip Code: <u>32063</u>	
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: <u>Jimmie Lee Ball</u> , President		DATE: <u>4/13/03</u>	
<input checked="" type="checkbox"/> 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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: <u>President</u> <input type="checkbox"/> Delete NAME: <u>Jimmie Lee Ball</u> STREET ADDRESS: <u>6858 Miltondale Rd</u> CITY-ST-ZIP: <u>MACLENNY FL 32063</u>	TITLE: <u>Secretary</u> <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <u>Donald E. Ball</u> STREET ADDRESS: <u>6858 Miltondale Rd</u> CITY-ST-ZIP: <u>MACLENNY FL 32063</u>		
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP: 	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP: 		
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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: <u>Jimmie Lee Ball</u>		Date: <u>4/13/03</u> Daytime Phone #: <u>9042592049</u>	