## 2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

## May 16, 2001 8:00 am Secretary of State DOCUMENT # P9400003132 05-16-2001 90361 015 \*\*\*150.00 GEORGE F. BAXLEY INC. Principal Place of Business Mailing Address 1979-SE-TOWNSEND RD PO BOX 1921 Chhoorai ARCADIA FL 34266 ARCADIA FL 34265 US Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc 4. FEI Number Applied For City & State City & State 65-0511895 Hrca<u>d</u> Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BAXLEY, GEORGE F Street Address (P.O. Box Number is Not Acceptable) 4306 NW OAKHILL CEMETARY 1<del>379 SE TOWNSEND R</del>D ARCADIA FL 34266 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS ☐ Addition TITLE Change TITLE ☐ Delete BAXLEY, GEORGE F NAME NAME STREET ADDRESS STREET ADDRESS P.O. BOX 1921 CITY-ST-ZIP CITY-ST-ZIP ARCADIA FL ☐ Addition Change ☐ Delete TITLE TITLE BAXLEY, DIANEE K NAME NAME STREET ADDRESS P.O. BOX 1921 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ARCADIA FL Change Addition - -- Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP 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