

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000086851

1. Entity Name

BAKER RESOURCES, INC.

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90309 025 ***150.00

Principal Place of Business

3510 FT CHARLES DRIVE
NAPLES FL 34102
US

Mailing Address

3510 FT CHARLES DRIVE
NAPLES FL 34102-7931
US

2. Principal Place of Business
1044 CASTELLO DR

3. Mailing Address
1044 CASTELLO DR

Suite, Apt. #, etc.

106

Suite, Apt. #, etc.

106

City & State

NAPLES FL

City & State

NAPLES FL

Zip

34103

Country

US

Zip

34103

Country

US

4. FEI Number

65-0537020

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BAKER, DONNA D
3510 FT CHARLES DRIVE
NAPLES FL 34102

Name

N REX ASHLEY

Street Address (P.O. Box Number is Not Acceptable)

1044 CASTELLO DR #106

City

NAPLES

FL

Zip Code

34103

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

N Rex Ashley

N Rex Ashley

4/28/00

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Delete
NAME BAKER, DONNA D
STREET ADDRESS 3510 FT CHARLES DRIVE
CITY-ST-ZIP NAPLES FL 33940

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME BAKER, JOHN L IV
STREET ADDRESS 201 8TH ST STE 108
CITY-ST-ZIP NAPLES FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME JONES, BONNIE B
STREET ADDRESS 2799 27TH TERRACE
CITY-ST-ZIP BOCA RATON FL 33434

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition
NAME N REX ASHLEY
STREET ADDRESS 1044 CASTELLO DR #106
CITY-ST-ZIP NAPLES FL 34103

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition
NAME BERNARD PECK
STREET ADDRESS 5801 PELICAN BAY BLVD #103
CITY-ST-ZIP NAPLES FL 34108

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition
NAME DANIEL PECK
STREET ADDRESS 5801 PELICAN BAY BLVD #103
CITY-ST-ZIP NAPLES FL 34108

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

N Rex Ashley

Date

Daytime Phone #

4/28/00 9412617200

CR2E034 (9/99)