

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000086890

1. Entity Name

JLB/EMERGENCY DAMAGE CONTROL, INC.

**FILED**  
**Mar 22, 2001 8:00 am**  
**Secretary of State**

03-22-2001 90006 024 \*\*\*150.00

Principal Place of Business

501 N. ORLANDO AVENUE  
BUILDING 313, SUITE 332  
WINTER PARK FL 32789-7313

Mailing Address

501 N. ORLANDO AVENUE  
BUILDING 313, SUITE 332  
WINTER PARK FL 32789-7313

732477



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3804 NORTH ORANGE BLOSSOM TRL

3. Mailing Address

3804 NORTH ORANGE BLOSSOM TRL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO FL

City & State

ORLANDO FLORIDA

4. FEI Number

59-3271325

Applied For

Not Applicable

Zip

32804

Country

USA

Zip

32804

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BAKER, LOGAN  
4101 SHORECREST DRIVE  
ORLANDO FL 32804

7. Name and Address of New Registered Agent

Name LOGAN BAKER

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

2500 FOREST CLUB DR

City ORLANDO

FL

Zip Code

32804

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 JAMES LOGAN BAKER

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

(NOTE: Registered Agent signature required when reinstating)

3/19/01

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, 2001 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

TITLE P  
NAME BAKER, LOGAN  
STREET ADDRESS 4101 SHORECREST DRIVE  
CITY-ST-ZIP ORLANDO FL 32804 ☐ Delete

TITLE VP  
NAME BAKER, KAREN  
STREET ADDRESS 4101 SHORECREST DRIVE  
CITY-ST-ZIP ORLANDO FL 32804 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME BAKER LOGAN  
STREET ADDRESS 2500 FOREST CLUB DR  
CITY-ST-ZIP ORLANDO, FL 32804 ☐ Change ☐ Addition

TITLE VP  
NAME KAREN BAKER  
STREET ADDRESS 2500 FOREST CLUB DR  
CITY-ST-ZIP ORLANDO FL 32804 ☐ Change ☐ Addition

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

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

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

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

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: JAMES LOGAN BAKER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/19/01

Date

407 2976444

Daytime Phone #

CR2E034 (10/00)

0478275