

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 04, 2003 8:00 am**  
**Secretary of State**

04-04-2003 90080 012 \*\*\*158.75

**DOCUMENT # P95000010123**

1. Entity Name  
**THE BAKER REALTY GROUP, INC.**



Principal Place of Business  
**2910 W. LAKE MARY BLVD.  
SUITE 201  
LAKE MARY FL 32746**

Mailing Address  
**2910 W. LAKE MARY BLVD.  
SUITE 201  
LAKE MARY FL 32746**

2. Principal Place of Business

**890 S. Sun Dr**

3. Mailing Address

**890 S. Sun Dr.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**LAKE Mary, FL**

City & State

**LAKE Mary FL**

Zip

Country

**32746**

**USA**

Zip

**32746**

Country

**USA**

4. FEI Number

**59-3293698**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**BAKER, STEPHEN  
2910 W. LAKE MARY BLVD.  
SUITE 201  
LAKE MARY FL 32746**

7. Name and Address of New Registered Agent

Name **BAKER, Stephen**  
Street Address (P.O. Box Number is Not Acceptable)  
**890 S. Sun Dr.**  
City **LAKE Mary** **FL** Zip Code **32746**

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)

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-4-03**

**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.

☐

**\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	BAKER, STEPHEN	
STREET ADDRESS	2910 W. LAKE MARY BLVD.	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE	DV	<input type="checkbox"/> Delete
NAME	BAKER, JACQUELINE	
STREET ADDRESS	2910 W. LAKE MARY BLVD.	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE	DST	<input type="checkbox"/> Delete
NAME	BAKER, JOE B	
STREET ADDRESS	2910 W. LAKE MARY BLVD.	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	890 S. Sun Dr.	
CITY-ST-ZIP	LAKE MARY, FL 32746	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	890 S. Sun Dr	
CITY-ST-ZIP	LAKE MARY, FL 32746	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	890 S. Sun Dr	
CITY-ST-ZIP	LAKE MARY, FL 32746	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-4-03**

Date

**407-324-9211**

Daytime Phone #

CR2E034 (10/02)