

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 22, 2002 8:00 am**  
**Secretary of State**

07-22-2002 90151 005 \*\*\*150.00

**DOCUMENT # P95000028954**

1. Entity Name  
**BAKER & ASSOCIATES INC.**

**Principal Place of Business**

**5970 S.W. 18 STREET  
SUITE 172, E-1  
BOCA RATON FL 33433**

**Mailing Address**

**5970 S.W. 18 STREET  
SUITE 172, E-1  
BOCA RATON FL 33433**

**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 **65-0572048**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**BAKER, MELANIE  
5970 S.W. 18 STREET  
SUITE 172, E-1  
BOCA RATON FL 33433**

Name

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

City

**FL**

Zip Code

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

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO BAKER, MELANIE 20423 ST. RDT #229 BOCA RATON FL 33498</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Melanie Baker*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Boonno 6906*

CR2E034(4/02)

*Baker & Associates, Inc.*  
5970 SW 18<sup>th</sup> Street, # 172  
Boca Raton, FL 33433  
Phone: 1-800-700-6906 PIN 1901

Attachment  
Document #  
P95000028954

Florida Department of State  
Division of Corporations  
P.O. Box 1500  
Tallahassee, Florida 32302-1500

Dear Sirs:

Please find enclosed annual fee for Baker & Associates, Inc., (FEI 65-0572048) in the amount of \$150.00.

As discussed during my telephone conversation with Robert, an illness and subsequent death in the immediate family (my father) has dictated my presence to be out of state during the past 4 ½ months.

Thank you in advance for your understanding and cooperation in this matter.

Sincerely,

*Melanie Baker*  
Melanie Baker  
CEO

Please see attached death  
certificate of my father. I have  
also enclosed a copy of my  
driver's license showing maiden  
name.

Safe deposit Box #72

Attachment  
Document #  
P95000028954

I HEREBY CERTIFY THIS IS A  
TRUE COPY OF THE RECORD ON  
FILE IN THE ANDERSON  
COUNTY HEALTH DEPARTMENT

APR 05 2002

Buckey J. Campbell, PhD, RN  
County Registrar

TYPE/PRINT  
IN  
PERMANENT  
BLACK INK  
FOR  
INSTRUCTIONS  
SEE  
OTHER SIDE  
AND HANDBOOK

STATE OF SOUTH CAROLINA  
DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL  
CERTIFICATE OF DEATH

STATE BIRTH NUMBER

STATE FILE NUMBER

DECEDENT'S NAME (First, Middle, Last)		SEX	DATE OF DEATH (Month, Day, Year)
JAMES CRATE HAWKINS, JR		Male	March 31, 2002
SOCIAL SECURITY NUMBER	AGE - Last Birthday (Years)	DATE OF BIRTH (Mo., Day, Year)	
247-03-6816	83	Jul 23, 1918	
WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No)		BIRTHPLACE (City and State or Foreign Country)	
Yes		Anderson, SC	
HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DCA		9a. PLACE OF DEATH (Check only one; see instructions on other side)	
FACILITY NAME (If not institution, give street and number)		CITY, TOWN, OR LOCATION OF DEATH	
Anderson Area Medical Center		Anderson	
MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify)		COUNTY OF DEATH	
Married		Anderson	
SURVIVING SPOUSE (If wife, give maiden name)		DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.)	
Betty Jo Hall		Executive V.-President	
RESIDENCE - STATE		KIND OF BUSINESS/INDUSTRY	
SC		Chemicals	
CITY, TOWN, OR LOCATION		STREET AND NUMBER	
Anderson		1525 Brown Road	
ZIP CODE		INSIDE CITY LIMITS? (Yes or No)	
29621		No	
Was Decedent of Hispanic Origin? (Specify, yes or No. If yes, specify Cuban, Mexican, Puerto Rican, etc.)		DECEDENT'S EDUCATION (Specify only highest grade completed)	
14. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Specify)		Elementary/Secondary (0-12) College (1-4 or 5-)	
15. White		4	

FATHER'S NAME (First, Middle, Last)	MOTHER'S NAME (First, Middle, Maiden Surname)
James Crayton Hawkins, SR	Linda Leola Hayes

INFORMANT'S NAME (Type/Print)	MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
Betty Jo H. Hawkins	1525 Brown Road, Anderson, SC 29621

METHOD OF DISPOSITION	PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	LOCATION - (City or Town, State)
<input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State	Forest Lawn Memorial Park	Anderson, SC
20a. <input type="checkbox"/> Donation <input checked="" type="checkbox"/> Other (Specify)	Funerary Director or Person Acting as Such (Signature)	FUNERAL DIR. LICENSE NO.
Entombment	D. Bolt McClam	2052
21a. <input type="checkbox"/> Other (Specify)	NAME AND ADDRESS OF FACILITY	LICENSE NUMBER (of facility)
	Sullivan-King Mortuary	624
21b. <input type="checkbox"/> Other (Specify)	EMBALMER LICENSE NO.	
	3205 North Highway 81	
21c. <input type="checkbox"/> Other (Specify)	Anderson, SC	29621

Complete items 23a-c only when certifying physician is not available at time of death to certify cause of death.	To the best of my knowledge, death occurred at the time, date, and place stated.	LICENSE NUMBER	DATE SIGNED (Month, Day, Year)
23a. Signature and Title	D. Bolt McClam, MD	22650	3/31/02

TIME OF DEATH	DATE PRONOUNCED DEAD (Month, Day, Year)	WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER? (Yes or No)
1:35 A.M.	3/31/02	No

27. PART I: Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.	Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death)	
COPD	

28. PART II: Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.	AUTOPSY (Yes or No)	IF YES, WERE AUTOPSY FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? (Yes or No)
CHF	No	No

29. MANNER OF DEATH	DATE OF INJURY (Month, Day, Year)	TIME OF INJURY	INJURY AT WORK? (Yes or No)	DESCRIBE HOW INJURY OCCURRED
<input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide				

30a. PLACE OF INJURY - (Home, Farm, Street, Factory, Office, etc.) (Specify)	30b. LOCATION (Street and Number or Rural Route Number, City or Town, State)

CERTIFIER (Check only one)	NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER
<input checked="" type="checkbox"/> CERTIFYING PHYSICIAN (Physician certifying cause of death) <input type="checkbox"/> MEDICAL EXAMINER <input type="checkbox"/> CORONER <input type="checkbox"/> PRONOUNCING AND CERTIFYING PHYSICIAN (Physician both pronouncing death and certifying cause of death)	

SIGNATURE AND TITLE OF CERTIFIER (To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner(s) stated)	LICENSE NUMBER	DATE SIGNED (Month, Day, Year)
D. Bolt McClam	22650	4-02-2002

NAME AND ADDRESS OF PERSON WHO SIGNED IN 33a. (Type/Print)	33b. REGISTRAR'S SIGNATURE	DATE FILED (Month, Day, Year)
Michael R. Kunkel, 2000 E. Greenville St., Suite 1100, Anderson, SC 29621	A. Kunkel	Apr 05 2002

Attachment  
Document #  
P95000028954

**Florida** DRIVER LICENSE CLASS E

**The Sunshine State**

**LICENSE NUMBER**  
**B260-548-62-765-0**

**MELANIE HAWKINS BAKER**  
**6970 SW 18TH ST**  
**BOCA RATON, FL 33433-7197**

<b>BIRTH DATE</b>	<b>SEX</b>	<b>HGT.</b>	<b>REST.</b>	<b>ENDORSE.</b>
<b>07-25-62</b>	<b>F</b>	<b>5-04</b>	<b>A</b>	
<b>ISSUED</b>	<b>EXPIRES</b>	<b>DUPLICATE</b>		
<b>06-11-00</b>	<b>07-25-06</b>	<b>00-00-00</b>		

*Melanie H. Baker*

**SAFE DRIVER**

020005110203

Operation of a motor vehicle constitutes consent to any sobriety test required by law.