FILED

Apr 16, 2003 8:00 am Secretary of State

04-16-2003 90184 046 ***158.75

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P95000058544

DOCUMENT #

1. Entity Name BAKER FAMILY HOMES INC.					04-16-2003 90184 046 ***158.75		
Principal Place of Business 1808 SHOAL CREEK CIR GREEN COVE SPRINGS FL 32043 US		Mailing Address 1808 SHOAL CREEK CIR GREEN COVE SPRINGS FL 32043 US					
2. Principal F	Place of Business	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State			4. FEI Number 59-3327534		Applied For Not Applicable
Zìp	Country	Zip	Country		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			
	-			Nāmē		- : -	
BAKER, KATHERINE P 1808 SHOAL CREEK CIR				Street Address (P.O. Box Number is Not Acceptable)			
GREEN COVES SPRINGS FL 32043					····		
				City		FL Zip Co	ode
	named entity submits this statement tions of registered agent.	for the purpose of changing it	ts registere	d office or registe	ered agent, or both, in the State of FI	orida. I am familiar wit	n, and accept
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NO	TE: Registered	Agent signature require	ed when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Mai: Check Payable to Florida Department of State					Election Campaign Fi Trust Fund Contribution		00 May Be ed to Fees
10.	OFFICERS ANI	D DIRECTORS	11.		ADDITIONS/CHANGES TO OF	ICERS AND DIRECTO	RS IN 11
TITLE &	P	Delete	TITLE			☐ Change	☐ Addition
NAME	BAKER, KATHERINE P 1808 SHOAL CREEK CIR GREEN COVE SPRINGS FL 32043			T ADDRESS ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BAKER, DANIEL A 1808 SHOAL CREEK CIR GREEN COVE SPRINGS FL 320	☐ Delete		T ADDRESS ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	STREE	T ADDRESS ST-ZIP		☐ Change	☐ Addition {
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		T ADDRESS ST-ZIP	,	☐ Change	☐ Addition
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TITLE NAME STREET ADDRESS	S TODA TO BE AND A STREET	Delete .	TITLE	I ADDRESS		☐ Change	Addition
CITY-ST-ZIP	a	o opera sat tota		T ADDRESS · · · · ST- ZIP	institution of the second of the second	€7 +n •	

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 of 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:4