

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State
 02-11-2002 90131 026 ***158.75

DOCUMENT # P95000073783

1. Entity Name
BAKER & ELMER, INC.

Principal Place of Business

1885 TURTLE HILL RD
 STONE ISLAND FL 32725

Mailing Address

1885 TURTLE HILL RD
 STONE ISLAND FL 32725

2. Principal Place of Business

1885 TURTLE HILL RD.

3. Mailing Address

P.O. BOX 4180

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ENTERPRISE, FL

City & State

ENTERPRISE, FL

Zip

32725

Country

USA

Zip

32725

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3336163

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ELMER, CHRIS
 1885 TURTLE HILL
 STONE ISLAND FL 32725

7. Name and Address of New Registered Agent

Name

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

City

ENTERPRISE

FL

Zip Code

32725

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

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, 2002 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** ☐ Delete
 NAME **ELMER, CHRIS**
 STREET ADDRESS **1885 TURTLE HILL RD**
 CITY-ST-ZIP **STONE ISLAND FL 32725**

TITLE **VP** ☐ Delete
 NAME **BAKER, DODI**
 STREET ADDRESS **1885 TURTLE HILL RD**
 CITY-ST-ZIP **STONE ISLAND FL 32725**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP **ENTERPRISE, FL 32725**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP **ENTERPRISE, FL 32725**

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

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

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

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

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

CHRIS ELMER 1/22/02 407-295-5801

Date

Daytime Phone #

CR2E034 (9/01)