

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2000 8:00 am
Secretary of State
 04-14-2000 90023 006 ***158.75

DOCUMENT # P95000084879

1. Entity Name
BAXTER TECHNOLOGIES, INC.

Principal Place of Business 980 CAPE MARCO DR APT #805 MARCO ISLAND FL 34145	Mailing Address 980 CAPE MARCO DR APT #805 MARCO ISLAND FL 34145-6362 US
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2. Principal Place of Business 1083 N. Collier Blvd. Suite, Apt. #, etc. #248 City & State Marco Island, FL. Zip 34145 Country Collier	3. Mailing Address 1083 N. Collier Blvd. Suite, Apt. #, etc. #248 City & State Marco Island, FL. Zip 34145 Country Collier
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DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0658750	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired X	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent BAXTER, JOHN F 980 CAPE MARCO DR APT #805 MARCO ISLAND FL 34145	
7. Name and Address of New Registered Agent Name BAXTER, JOHN F., Jr. Street Address (P.O. Box Number is Not Acceptable) 1083 N. Collier Blvd. #248 City Marco Island, FL Zip Code 34145	

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 *John F. Baxter, Jr.* **John F. Baxter, Jr.** DATE **04-07-00**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2000 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DTP	BAXTER, JOHN F JR	<input type="checkbox"/>		1083 N. Collier Blvd. #248	<input type="checkbox"/>
STREET ADDRESS	980 CAPE MARCO DR, APT #805			Marco Island, FL. 34145	<input type="checkbox"/>
CITY-ST-ZIP	MARCO ISLAND FL 34145				
DV	BAXTER, JOHN F JR	<input type="checkbox"/>		1083 N. Collier Blvd. #248	<input type="checkbox"/>
STREET ADDRESS	980 CAPE MARCO DR, APT #805			Marco Island, FL. 34145	<input type="checkbox"/>
CITY-ST-ZIP	MARCO ISLAND FL 34145				
DS	ROMANO, LUISE	<input type="checkbox"/>		1083 N. Collier Blvd. #248	<input type="checkbox"/>
STREET ADDRESS	980 CAPE MARCO DR, APT #805			Marco Island, FL. 34145	<input type="checkbox"/>
CITY-ST-ZIP	MARCO ISLAND FL 34145				
		<input type="checkbox"/>			<input type="checkbox"/>
		<input type="checkbox"/>			<input type="checkbox"/>
		<input type="checkbox"/>			<input type="checkbox"/>
		<input type="checkbox"/>			<input type="checkbox"/>

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: *John F. Baxter, Jr.* **John F. Baxter, Jr., Pres.** (941) 642-8225
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **04-07-00** Daytime Phone #

CR2E034 (9/99)