

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 25, 2001 8:00 am
Secretary of State

07-25-2001 90039 001 *****8.75
 07-25-2001 90039 002 ***550.00

DOCUMENT # P95000084879

1. Entity Name

BAXTER TECHNOLOGIES, INC.

(LA)

Principal Place of Business

**1083 N. COLLIER BLVD
 248
 MARCO ISLAND FL 34145**

Mailing Address

**1083 N. COLLIER BLVD
 248
 MARCO ISLAND FL 34145
 US**

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

65-0658750

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75** Additional Fee Required *Separate Check Enclosed*

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BAXTER, JOHN F
 1083 N. COLLIER BLVD
 248
 MARCO ISLAND FL 34145**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent fee 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 12, 2001 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

TITLE **OTP** ☐ Delete
 NAME **BAXTER, JOHN F JR**
 STREET ADDRESS **1083 N. COLLIER BLVD 248**
 CITY-ST-ZIP **MARCO ISLAND FL 34145**

TITLE **DV** ☐ Delete
 NAME **BAXTER, JOHN F JR**
 STREET ADDRESS **1083 N. COLLIER BLVD 248**
 CITY-ST-ZIP **MARCO ISLAND FL 34145**

TITLE **DS** ☒ Delete
 NAME **ROMANO, LUISE**
 STREET ADDRESS **1083 N. COLLIER BLVD 248**
 CITY-ST-ZIP **MARCO ISLAND FL 34145**

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

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

TITLE ☐ Change ☐ Addition
 NAME
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TITLE ☐ Change ☐ Addition
 NAME
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 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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/18/2001

Date

941 642 8225

Daytime Phone #

CR2E034 (5/01)