

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000006099

1. Entity Name

BAKER COMMUNICATIONS, INC.

**FILED**  
**Apr 22, 2000 8:00 am**  
**Secretary of State**

04-22-2000 90060 040 \*\*\*150.00

Principal Place of Business

Mailing Address

923 HICKORY RD  
OCALA FL 34472  
US

923 HICKORY RD  
OCALA FL 32179-4502  
US

2. Principal Place of Business

17550 S.E. 95<sup>TH</sup> ST. RD.

Suite, Apt. #, etc.

3. Mailing Address

17550 S.E. 95<sup>TH</sup> ST. RD.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Ocklawaha FL

City & State

Ocklawaha FL

4. FEI Number

59-3370727

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BAKER, DOLL  
1189 MICHAEL AVENUE  
DELTONA FL 32738

7. Name and Address of New Registered Agent

Name Doll Baker

Street Address (P.O. Box Number is Not Acceptable)  
17550 S.E. 95<sup>TH</sup> ST. RD.

City Ocklawaha

FL

Zip Code 32179

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

*Doll Baker*

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

(NOTE: Registered Agent signature required when reinstating)

4-14-00

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, 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

TITLE	S	<input type="checkbox"/> Delete
NAME	BAKER, DOLL J	
STREET ADDRESS	923 HICKORY RD	
CITY-ST-ZIP	OCALA FL 34422	
TITLE	T	<input type="checkbox"/> Delete
NAME	BAKER, DOLL J	
STREET ADDRESS	923 HICKORY RD	
CITY-ST-ZIP	OCALA FL 34472	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	S.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Baker, Doll J	
STREET ADDRESS	17550 S.E. 95 <sup>TH</sup> ST. RD.	
CITY-ST-ZIP	Ocklawaha, FL. 32179	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Baker, Doll J.	
STREET ADDRESS	17550 S.E. 95 <sup>TH</sup> ST. RD.	
CITY-ST-ZIP	Ocklawaha - FL. 32179	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Doll Baker*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-00

Date

352-288-5211

Daytime Phone #

CR2E034 (9/99)