2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P96000040332** May 30, 2000 8:00 am 1. Entity Name Secretary of State R BAKER, INCORPORATED 05-30-2000 90095 043 ***150.00 Mailing Address Principal Place of Business 4747 N. LAKELAND HILLS BLVD 4747-N. LAKELAND HILLS BLVD. SHITE 378 SUITE 37B LAKELAND FL 33805 LAKELAND-FL-93805-9577 2. Principal Place of Business 3. Mailing Address BELLE AUB DO NOT WRITE IN THIS SPACE Suire ાઝ વ 104 くつん Applied For 4. FEI Number 59-3437646 SPRINGS FL Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent THOMPSON, MARK'S Street Address (P.O. Box Number is Not Acceptable) 4747 N. LAKELAND HILLS BLVD **SUITE 37B** LAKELAND FL 33805-9577 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. c E0 Change ☐ Addition ☐ Delete TITLE TITLE BAKER, RAJ NAME BAKER, RAY NAME STG104 STREET ADDRESS 4747 N. LAKELAND HILLS BLVD SUITE 378 STREET ADDRESS WINDER SRRWES CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL-33805-9577 M Change ☐ Addition □ Delete TITLE TITLE BAKER, RAH BAKER, RAY NAME NAME 575104 1270 BELLE AVE STREET ADDRESS STREET ADDRESS 4747 N. LAKELAND HILLS BLVD SUITE 378 CITY-ST-ZIP **LAKELAND FL 33805-9577** CITY-ST-ZIP WINDSL SPRINGS VICE PRESIDENT WILL PRESIDENT **X**Addition ☐ Delete TITLE BAKEL, ZIVAD 1270 BENG AND STE 104 NAME NAME STREET ADDRESS STREET ADDRESS WILLTER SPRINGS FC 32708 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change ☐ Addition TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

E AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR