

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2001 8:00 am
Secretary of State

05-12-2001 90034 014 ***150.00

DOCUMENT # P96000040332

1. Entity Name

R BAKER INCORPORATED

Principal Place of Business

1270 BELLE AVENUE
 SUITE 104
 WINTER SPRINGS FL
 32708

Mailing Address

1270 BELLE AVENUE
 SUITE 104
 WINTER SPRINGS FL
 32708

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

59-3437646

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BUSINESSCOM SERVICES, INC
 4747 N LAKELAND HILLS BLVD SUITE 378
 LAKELAND FLORIDA 33805-9577

7. Name and Address of New Registered Agent

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.

MARK THOMPSON, C.E.O. BUSINESSCOM SERVICES INC 4/18/01

(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, 2001 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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 PRESIDENT
 RAY BAKER
 1270 BELLE AVE SUITE 104
 WINTER SPRINGS FL 32708

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 VICE PRESIDENT
 ZIYAD BAKER
 1270 BELLE AVE SUITE 104
 WINTER SPRINGS FL 32708

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 SECRETARY
 RAY BAKER
 1270 BELLE AVE SUITE 104
 WINTER SPRINGS FL 32708

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 ADDITIONAL OFFICER/DIRECTOR
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 ADDITIONAL OFFICER/DIRECTOR
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 ADDITIONAL OFFICER/DIRECTOR
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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☐ Change ☐ Addition

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

ZIYAD BAKER

Date

Daytime Phone #

CR2E034 (11/00)