

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000049820

1. Entity Name

FRED BAXTER INC.

**FILED**  
**Feb 09, 2000 8:00 am**  
**Secretary of State**

02-09-2000 90055 038 \*\*\*150.00

Principal Place of Business

6008 BAY ISLES DRIVE  
BOYNTON BEACH FL 33437

Mailing Address

6008 BAY ISLES DRIVE  
BOYNTON BEACH FL 33437-4108

2. Principal Place of Business

**SAME**

3. Mailing Address

**SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0694718**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BAXTER, FRED**  
**6008 BAY ISLES DRIVE**  
**BOYNTON BEACH FL 33437**

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

*Fred A Baxter* **FRED A BAXTER**

**01/03/00**

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

(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, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BAXTER, FRED</b>	
STREET ADDRESS	<b>6008 BAY ISLES DRIVE</b>	
CITY-ST-ZIP	<b>BOYNTON BEACH FL 33437</b>	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>DIRECTOR / PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/>
NAME	<b>BAXTER, FRED</b>	
STREET ADDRESS	<b>6008 BAY ISLES DR</b>	
CITY-ST-ZIP	<b>BOYNTON BEACH, FL 33437</b>	
TITLE	<b>SECRETARY / TREASURER</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/>
NAME	<b>ANGELA BAXTER</b>	
STREET ADDRESS	<b>6008 BAY ISLES DR</b>	
CITY-ST-ZIP	<b>BOYNTON BEACH, FL 33437</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Fred A Baxter* **FRED A BAXTER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**01/03/00**

Date

**7742**  
**(561) 364-2409**

Daytime Phone #