


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90163 023 ***150.00

DOCUMENT # P96000049820

1. Entity Name
FRED BAXTER INC.



Principal Place of Business
6008 BAY ISLES DRIVE
BOYNTON BEACH FL 33437

Mailing Address
6008 BAY ISLES DRIVE
BOYNTON BEACH FL 33437



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
15 COLONIAL CLUB DR
Suite, Apt. #, etc.
#201
City & State
BOYNTON BEACH, FL
Zip
33435-8347 Country
U.S.A.

3. Mailing Address
15 COLONIAL CLUB DR
Suite, Apt. #, etc.
#201
City & State
BOYNTON BEACH, FL
Zip
33435-8347 Country
U.S.A.

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
BAXTER, FRED
6008 BAY ISLES DRIVE
BOYNTON BEACH FL 33437

7. Name and Address of New Registered Agent
Name
BAXTER, FRED
Street Address (P.O. Box Number is Not Acceptable)
15 COLONIAL CLUB DR, #201
City
BOYNTON BEACH FL Zip Code
33435-8347

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Angela Baxter Secretary-Treasurer Feb 19, 2003
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BAXTER, FRED 6008 BAY ISLES DRIVE BOYNTON BEACH FL 33437 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT BAXTER, FRED 15 COLONIAL CLUB DR #201, BOYNTON BEACH, FL 33435-8347 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BAXTER, ANGELA 6008 BAY ISLES DR BOYNTON BEACH FL 33437 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BAXTER, ANGELA 15 COLONIAL CLUB DR, #201 BOYNTON BEACH, FL 33435-8347 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Angela Baxter **SIGNATURE REQUIRED** Feb 19/03 561-364-7742
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)