

**603 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90378 003 ***150.00

0698215 FP

DOCUMENT # P96000102945

1. Entity Name
BAXTER ENTERPRISES OF NORTH FLORIDA, INC.



Principal Place of Business
**7937 PINE LAKE ROAD
JACKSONVILLE FL 32256**

Mailing Address
**2603 SHADES CLIFF CIRCLE
JASPER FL 35504
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3422161

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**BRANT MOOR MACDONALD & WELLS, PA
50 N LAURA STREET
SUITE 3100
JACKSONVILLE FL 32202**

7. Name and Address of New Registered Agent

Name
BRANT, ABRAHAM, REITER & McCORNICK, PA
Street Address (P.O. Box Number is Not Acceptable)
**50 N LAURA STREET
SUITE 3100**
City **JACKSONVILLE, FL** FL Zip Code **32202**

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 _____

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 Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	D <input type="checkbox"/> Delete
STREET ADDRESS	MAE RICE FRANCES BAXTER 7937 PINE LAKE ROAD JACKSONVILLE FL 32256
TITLE NAME	D <input type="checkbox"/> Delete
STREET ADDRESS	LIONEL F. BAXTER, JR. 2603 SHADES CLIFF CIRCLE JASPER AL 35504
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	

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: *S.M. Baxter* **RE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-30-03

Date

(205)

387-9335

Daytime Phone #

CR2E034 (10/02)

Attachment

FROM : BRANGUS

PHONE NO. : 205 384 0383


Apr. 30 2003 05:27AM P2

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

#P96000102945

DOCUMENT # **P96000102945**

1. Entity Name:
BAXTER ENTERPRISES OF NORTH FLORIDA, INC.



90120648

Principal Place of Business: **7937 PINE LAKE ROAD JACKSONVILLE FL 32256**

Mailing Address: **2603 SHADES CLIFF CIRCLE JASPER FL 32504 US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business: Suite, Apt. #, etc.

3. Mailing Address: Suite, Apt. #, etc.

City & State

City & State

4. FEI Number: **59-3422181**

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

7. Name and address of New Registered Agent

BRANT MOOR MACDONALD & WELLS, PA
50 N LAURA STREET
SUITE 3100
JACKSONVILLE FL 32202

Name: **BRANT, ABRAMU, REITER & McDERMICK, PA**
 Street Address (P.O. Box Number is Not Acceptable): **50 N LAURA STREET**
SUITE 3100 2750
 City: **JACKSONVILLE, FL** Zip Code: **32202**

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: **Jan D. McCormick, VP** DATE: **4.30.03**

FILE NOW WITH FEE IS \$150.00
 After May 1, 2003, Fee will be \$250.00
 Make Check Payable to Florida Department of State

9. Election Campaign Financing (Just Fund Contribution): **\$5.00 May Be Added to Fee**

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	D	
NAME	MAE RICE FRANCES BAXTER	
STREET ADDRESS	7937 PINE LAKE ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	D	
NAME	LIONEL F. BAXTER, JR.	
STREET ADDRESS	2603 SHADES CLIFF CIRCLE	
CITY-ST-ZIP	JASPER AL 32504	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE			
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			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption under Section 119.07(3)(l), 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: **Jan D. McCormick** DATE: **04-30-03** (2:5) **3879335**