

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 18, 2001 8:00 am
Secretary of State

05-14-2001 90041 019 ***150.00

DOCUMENT # P97000029694

1. Entity Name
BONNIE BAKER CORPORATION



Principal Place of Business: 3117 OAKLYN DRIVE, TAMPA FL 33609, US
 Mailing Address: 3117 OAKLYN DRIVE, TAMPA FL 33609, US

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: P.O. Box 18123
 City & State: Tampa FL
 Zip: 33679-8123, Country: US



DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3436320
 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent: AMERILAWYER CHARTERED, 343 ALMERIA AVENUE, CORAL GABLES FL 33134
 7. Name and Address of New Registered Agent: ~~STREET 101...~~ [Signature]
 Street Address (P.O. Box Number is Not Acceptable): *Keep the same.*
 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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PSTD NAME: BAKER, BONNIE K STREET ADDRESS: 3117 OAKLYN DRIVE CITY-ST-ZIP: TAMPA FL 33609	<input type="checkbox"/> Delete	TITLE: Baker, Bonnie K NAME: Baker, Bonnie K STREET ADDRESS: [] CITY-ST-ZIP: []	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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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: *BK Baker* Bonnie K Baker 4/11/2001 813-876-0124
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)