

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

APPROVED  
AND  
FILED

02 NOV 12 AM 10:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P97000029694**

1. Entity Name

**BONNIE BAKER CORPORATION**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**3117 Oaklyn Drive**

Suite, Apt. #, etc.

3. Mailing Address

**Post Office Box 18123**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**Tampa, Florida**

City & State

**Tampa, Florida 33679-8123**

4. FEI Number

**59-3436320**

Applied For

Not Applicable

Zip

**33609**

Country

Zip

**33679-8123**

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

**SPIEGEL & UTRERA, P.A.**

Street Address (P.O. Box Number is Not Acceptable)

**1840 Southwest 22 Street**

**4th Floor**

City

**Miami**

**FL**

Zip Code

**33145**

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.

**SPIEGEL & UTRERA, P.A.**

SIGNATURE

**Natalia Utrera, Vice President**

**November 8, 2002**

(NOTE: Registered Agent signature is required on this statement.)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**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	<b>PSTD Baker, Bonnie K., 3117 Oaklyn Drive Tampa, Florida 33609</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>400008932514 11/12/02--01037--017 **150.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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)(b), 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 629, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

**Bonnie K. Baker**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Nov 5, 2002**  
DATE

CR2E034B (12/01)

**AFFIDAVIT IN SUPPORT OF**  
**REQUEST TO WAIVE THE**  
**FLORIDA DEPARTMENT OF STATE**  
**CORPORATE ANNUAL REPORT LATE FEES**

STATE OF FLORIDA                     )  
   )  
COUNTY OF HILLSBOROUGH        )

1. Bonnie K. Baker is the President of BONNIE BAKER CORPORATION, a Florida corporation, (hereinafter "Corporation").
2. That the Corporation was administratively dissolved by the Florida Department of State on October 4, 2002.
3. That the Corporation failed to file its 2002 Annual Report or pay the 2002 Annual Report filing fee within the time prescribed by Florida Statutes Chapter 607 because:
  - 3.1 the written notice and requirements for filing the Annual Report and pay the Annual Report fee to the Florida Department of State was never received by the Corporation; and,
  - 3.2 the written notice was never received by the Corporation or its Registered Agent that the Florida Department of State was commencing a procedure to administratively dissolve the Corporation.
4. The Corporation requests the Florida Department of State reinstate the Corporation upon the payment by the Corporation of its 2002 Annual Report fees and the filing of its 2002 Annual Reports, which are presented simultaneously with this Affidavit.
5. BONNIE BAKER CORPORATION satisfies the requirements of the Florida Statutes 607.0401.
6. No further ground or grounds exist for the administrative dissolution of the Corporation.

Dated: 5 day of November, 2002

**FURTHER, AFFIANT SAYETH NOT**

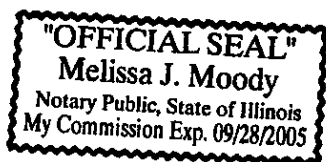
BONNIE BAKER CORPORATION

By: Bonnie K. Baker, President  
Bonnie K. Baker, President

**SWORN AND SUBSCRIBED**

before me this 5 day of November, 2002.

Melissa J. Moody  
Notary Public, State of Florida at Large  
Printed Name: Melissa Moody  
Commission Expires: 09/28/2005



SPIEGEL & UTRERA, P.A.  
 (Requestor's Name)  
 1840 CORAL WAY, 4<sup>TH</sup> FLOOR  
 (Address)  
 MIAMI, FL 33145 (305) 854-6000  
 (City, State, Zip) (Phone #)

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. Bonnie Baker Corporation PA7000029694  
 (Corporation Name) (Document #)
2. \_\_\_\_\_  
 (Corporation Name) (Document #)
3. \_\_\_\_\_  
 (Corporation Name) (Document #)
4. \_\_\_\_\_  
 (Corporation Name) (Document #)

Walk in     Pick up time \_\_\_\_\_     Certified Copy  
 Mail out     Will wait     Photocopy     Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input checked="" type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

RECEIVED  
 EXAMINER'S INITIALS  
 02 NOV 12 AM 9:06  
 DEPARTMENT OF STATE  
 DIVISION OF CORPORATIONS  
 TALLAHASSEE, FLORIDA