

# 2001 UNIFORM BUSINESS REPORT (UBR)

0108992 AT

DOCUMENT # P97000071324

1. Entity Name  
BAKER VINYL & ALUMINUM INC.

APPROVED  
AND  
FILED

02 FEB -8 AM 9:19

Principal Place of Business

5744 110TH ST  
JACKSONVILLE FL 32244

Mailing Address

5744 110TH ST  
JACKSONVILLE FL 32244

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

P.O. BOX 174

Suite, Apt. #, etc.

City & State

Jax FL

Zip

32220

Country

U.S.A.

REINSTATEMENT

FBI Number

59-3463237

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BAKER, JESSE J

5744 110TH ST  
JACKSONVILLE FL 32244

~~old address~~

New →

7. Name and Address of New Registered Agent

Name Jesse Baker

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

840 Forgotten Way

City

Jax FL

FL

32220

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

Jesse J Baker

Jesse J Baker

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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

TITLE P  
NAME BAKER, JESSE J  
STREET ADDRESS 5744 110TH STREET  
CITY-ST-ZIP JACKSONVILLE FL 32244

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jesse J Baker

12-5-01

904-6959303

Date

Daytime Phone #

CR2E034 (5/01)