

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000078584

1. Entity Name

BAXTER COMMUNICATIONS, INC.

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90100 040 ***150.00

0486790

Principal Place of Business

1529 N HARBOR CITY BLVD
MELBOURNE FL 32935

Mailing Address

1529 N HARBOR CITY BLVD
MELBOURNE FL 32935

2. Principal Place of Business

1632 SON GAZER DR.

3. Mailing Address

P.O. Box 561194

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

VIERA, FL

City & State

ROCKLEDGE, FL

4. FEI Number

59-3467357

Applied For

Not Applicable

Zip

32965

Country

Zip

32956-1194

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPENCE, HAL
221 N CAUSEWAY
NEW SMYRNA BEACH FL 32169

7. Name and Address of New Registered Agent

Name JAMES G. SCOWCROFT

Street Address (P.O. Box Number is Not Acceptable)
1632 SON GAZER DR.

City VIERA

FL

Zip Code 32965

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: James G. Scowcroft, President

Signature, typed or printed name of registered agent and title (Applicable)

(NOTE: Registered Agent signature required when reinstating)

4/28/01

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 \$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

TITLE D
NAME SCOWCROFT, JAMES G
STREET ADDRESS 1529 N HARBOR CITY BLVD
CITY-ST-ZIP MELBOURNE FL 32935 ☐ Delete

TITLE D
NAME SCOWCROFT, NANCY C
STREET ADDRESS 1529 N HARBOR CITY BLVD
CITY-ST-ZIP MELBOURNE FL 32935 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: James G. Scowcroft JAMES G. SCOWCROFT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/01

Date

(321) 504-0680

Daytime Phone #

CR2E034 (10/00)