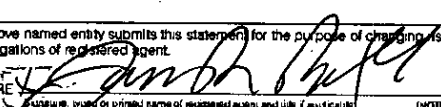
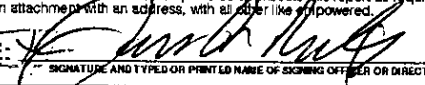


FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90192 001 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P98000028525			
1. Entity Name JAMES ROBERT BAXLEY, P.A.			
Principal Place of Business 14229 US HWY 441 TAVARES, FL 32778		Mailing Address 14229 US HWY 441 TAVARES, FL 32778	
2. Principal Place of Business 715 West main St.		3. Mailing Address 715 West main St.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State TAVARES, FL		City & State TAVARES, FL	
Zip 32778		Country USA	
4. FEI Number 59-3508956		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent BAXLEY, JAMES R 14229 US HWY 441 TAVARES, FL 32778		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE:  DATE: _____ (NOTE: Registered Agent signature required when changing.)			
10. OFFICERS AND DIRECTORS TITLE: D ☐ Delete NAME: BAXLEY, JAMES R STREET ADDRESS: 14229 US HWY 441 CITY-ST-ZIP: TAVARES, FL 32778		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE: ☐ Change ☐ Addition NAME: ☐ Change ☐ Addition STREET ADDRESS: ☐ Change ☐ Addition CITY-ST-ZIP: ☐ Change ☐ Addition	
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 807, 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: 		3-21-03 352-742-094	

90058900



☒ CHECK HERE IF MAKING CHANGES

CH22C034 (10/02)