

## 2001 UNIFORM BUSINESS REPORT (SR)

DOCUMENT #

P98000033818

## 1. Entity Name

ROBERT BAXTER, INC

## Principal Place of Business

## Mailing Address

1801 E COLONIAL DR 3107  
ORLANDO, FL 32803

## 2. Principal Place of Business

1801 E COLONIAL DR.

Suite, Apt. #, etc.

106

## City &amp; State

ORLANDO, FL

Zip

32803

Country

US

## 3. Mailing Address

1801 E COLONIAL DR

Suite, Apt. #, etc.

107

## City &amp; State

ORLANDO, FL

Zip

32803

Country

US

## 4. FEI Number

59-3505455

## Applied For

Not Applicable

## 5. Certificate of Status Desired

\$8.75

Additional

Fee Required

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

ROBERT S. BAXTER SR.

7462 BORDWINE DR

ORLANDO, FL 32818

## 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.

## SIGNATURE

*Robert S. Baxter SR.*

ROBERT S. BAXTER SR

5/29/

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 \$150.00

After MAY 1, 2001 Fee will be \$550.00

Make Check Payable to Department of State

## 10. Election Campaign Financing

\$5.00

Trust Fund Contribution.

May Be Added to Fees

## 11. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PRESIDENT:  
ROBERT S. BAXTER  
7462 BORDWINE DRIVE  
ORLANDO, FL 32818☐ 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

V-PRESIDENT  
GRACE BAXTER  
7462 BORDWINE WINE DRIVE  
ORLANDO, FL 32818☐ Delete

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ Change☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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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)(f), 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:

*Robert S. Baxter SR.*

ROBERT S. BAXTER SR

5/29/2001

(407) 523-0484

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

01 OCT -9 AM 9:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CP2 E034 (9/99)

Robinson Accounting of America

05/29/01

292

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

To Whom It May Concern,

This letter is to inform that ROBERT BAXTER , INC. , has relocated. The named Corporation did not receive a Annual Corporate Report. Due to these circumstances we are asking that you abate the reinstatement fees.

Your consideration concerning this matter is greatly appreciated.

Cordially yours,



Maurice Robinson  
Robinson Accounting of America Inc.

DUPLICATE