2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

DOCUMENT # P98000078522

1. Entity Name

Principal Place of Business

RICK BAKER CONSTRUCTION, INC.



FILED Jan 17, 2003 8:00 am Secretary of State 01-17-2003 90071 012 ***150.00

PALM HARBOR FL 34683				940 WOODLAND DR. PALM HARBOR FL 34683											
2. Principal Place of Business 13 SAILFISH DR. Suite, Apt. #, etc.				3. Mailing Address 131 SAILFISH DR Suite, Apt. #, etc.			R	— □ CHECK HERE IF MAKING CHANGES							
City & Sto	***							<u>L</u>		CHEC	C HERE IF	MAKING	CHANGE:	S	
TARPON SPRINGS , FLA.				Y & State ARPON SPA	2114	NGS FLA-		4. 1	FEI Number	59-35	32537	·	-	Applied For Not Applicable	
34689 Country USA				24629			USA		5. Certificate of Status Desired S8.75 Additional Fee Required						
	b. Name	and Address of Current	Register	red Agent		NI		_7:^N	Name and Ad	ldress o	f New Reg	istered A	gent		
MICHAELS, THOMAS O ESQ.						Name									
1370 PINEHURST RD.						Street Address (P.O. Box Number is Not Acceptable)									
	FL 34698	-				-									
						-									
· · ·						City						FL	Zip Co		
 The above the obligation 	e named entity tions of registe	submits this statement fo ered agent.	the purp	oose of changing its	register	ed office o	r registere	ed age	ent, or both, i	n the Sta	te of Florid	a. I am fa	I. Imiliar with	, and accept	
SIGNATURE															
	Signature, typed o	or printed name of registered agent a	nd title if app	plicable. (NOT	E: Registere	d Agent signa	ture required	when rei	nstating)			DATE			
Afte	r May 1, 200	FEE IS \$150.00 3 Fee will be \$550.00 Florida Department of	State								aign Finand stribution.	oing		00 May Be d to Fees	
10.		OFFICERS AND	DIRECTO	DRS	11.			ADI	DITIONS/CH	ANGES	O OFFICE	RS AND !	DIRECTOR	IS IN 11	
TITLE Name Street address City-St-Zip	DPST BAKER, RIO 940 WOOD PALM HAR	CKEY G LAND DR. BOR FL 34683		☐ Delete				T R S	RICKES	44. H D	2		Change	Addition	
TTLE	VAT				┪—		VAT	. PUN	o spen	745	FLA		<u> 89</u>		
NAME STREET ADDRESS (DITY-ST-ZIP	BAKER, RO 940 WOOD			☐ Delete	1		Bak 131	SA	, Robin HLASH USPR	DR	FU.	•	Change	☐ Addition	
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of the corp	on this report of or the	nformation supplied with the supplemental report is to receiver or truetee compowers with a ddress, with a ddress, with the supplement with the su	ue and a	courate and that m	po exem y signatu is require	nation state are shall had by Char	ed in Sect ave the sar oter 607, F	ion 11 me leg lorida	9.07(3)(i), Flo gal effect as i Statutes; an	orida Sta f made u d that my	tutes. I furti inder oath; / name app	ner certify that I am pears in B	that the in an officer of lock 10 or	formation or director Block 11 if	

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR