

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000082686**

1. Entity Name

THE BACK OFFICE, INC.**FILED**
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90058 028 ***150.00

0070040

Principal Place of Business

8064 CLOVERGLEN CIRCLE
ORLANDO FL 32818

Mailing Address

8064 CLOVERGLEN CIRCLE
ORLANDO FL 32818**800113**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8064 Cloverglen Circle

Suite, Apt. #, etc.

3. Mailing Address

8064 Cloverglen Circle

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32818-8212

Country

USA

City & State

Orlando, FL

Zip

32818-8212

Country

USA4. FEI Number **59-3534282**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

GRATER, HOWARD
9172 MONTEVELLO DRIVE
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

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 State10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **BAKER, MICHAEL**
STREET ADDRESS **8064 CLOVERGLEN DR.**
CITY-ST-ZIP **ORLANDO FL 32818**TITLE **D** ☐ Delete
NAME **GRATER, HOWARD**
STREET ADDRESS **9172 MONTEVELLO DR**
CITY-ST-ZIP **ORLANDO FL 32818**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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: Michael K Baker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/04/01

Date

407-298-8064

Daytime Phone #

CR2E034 (10/00)