

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 MAY -1 PM 1:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P980000 89450**

1. Entity Name  
**BAKER'S MEDICAL-LEGAL CONSULTING FIRM, INC**

Principal Place of Business  
**4531 WIMBLETON CT  
TALLAHASSEE, FL 32303**

Mailing Address  
**P.O. BOX 1230  
QUINCY, FL 32351**

2. Principal Place of Business  
**4531 WIMBLETON CT**  
Suite, Apt. #, etc.

3. Mailing Address  
**P.O. BOX 1230**  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**TALLAHASSEE FL**  
Zip  
**32303**

City & State  
**QUINCY, FL**  
Zip  
**32351**

4. FEI Number  
**59-3592433**

Applied For  
Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MELLE BAKER, JR.**  
**4531 WIMBLETON CT**  
**TALLAHASSEE, FL 32303**

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT/DIRECTOR</b> <b>JANELLE R. BAKER</b> <b>4531 WIMBLETON CT</b> <b>TALLAHASSEE FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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**200003232802-1**  
**-05/01/00--01092--005**  
**\*\*\*\*193.75 \*\*\*\*150.00**

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: **Janelle R. Baker**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5-1-2000**  
Date

**562-0119**  
Daytime Phone #

CR2E034 (9/99)