

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90050 001 ***150.00

0106076 AV

DOCUMENT # P99000000812

1. Entity Name

FLORIDA BUSINESS INTERNATIONAL, INC.

Principal Place of Business

6151 SAND PINES ESTATES BLVD
 ORLANDO FL 32819

Mailing Address

6151 SAND PINES ESTATES BLVD
 ORLANDO FL 32819

2. Principal Place of Business

5416 BAY SIDE DR.

3. Mailing Address

The Bakers
 5416 Bay Side Dr.
 Orlando, FL 32819

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip
 32819

Country
 USA

Zip

Country

4. FEI Number

59-3549949

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

BAKER, WILLIAM A
 6151 SAND PINES ESTATES BLVD
 ORLANDO FL 32819

7. Name and Address of New Registered Agent

Name **BAKER WILLIAM A**
 Street Address (P.O. Box Number is Not Acceptable)
 5416 BAY SIDE DR.
 City **ORLANDO** **FL** **32819**

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 **WILLIAM A BAKER**
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

02/03/02

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, 2002 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

| | | |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP BAKER, WILLIAM A 6151 SAND PINES ESTATES BLVD ORLANDO FL 32819 | <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 |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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:

WILLIAM A BAKER
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/2
 Date

402-903-0090
 Daytime Phone #

CR2E034 (9/01)