

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P990000005060

1. Entity Name

TED BAXLEY, INC.

FILED

Jun 27, 2000 8:00 am
Secretary of State

05-16-2000 90137 044 ***150.00

Principal Place of Business Mailing Address

18540 BARTOW BLVD.
FT. MYERS FL 33912

18540 BARTOW BLVD.
FT. MYERS FL 33912-3561

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1014429

☒ 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

7. Name and Address of New Registered Agent

RICHBOURG, DONALD C JR.
8026 MARX DRIVE
N. FT. MYERS FL 33917

Name

Ted D. Baxley

Street Address (P.O. Box Number is Not Acceptable)
18540 Bartow Blvd.

City Fort Myers

FL 33912

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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME P/V/S/T/D
STREET ADDRESS Ted D. Baxley
CITY-ST-ZIP 18540 Bartow Blvd
Fort Myers, FL 33912

TITLE ☐ Delete
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CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE

TED D Baxley

April 17, 2000 (941) 267-8683