

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000005382

1. Entity Name
WALLACE EDWARD BAKER, P.A.Principal Place of Business
2613 TURNBULL ESTATES DRIVE
NEW SMYRNA BEACH FL 32168Mailing Address
2613 TURNBULL ESTATES DRIVE
NEW SMYRNA BEACH FL 321682. Principal Place of Business
Suite, Apt. #, etc.3. Mailing Address
Suite, Apt. #, etc.City & State
Zip CountryCity & State
Zip Country4. FEI Number
59-3551917 Applied For
 Not Applicable5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

EDWARD BAKER, WALLACE
2613 TURNBULL ESTATES DRIVE
NEW SMYRNA BEACH FL 321687. 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. **FILE NOW!!! FEE IS \$150.00**
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing **\$5.00** May Be
Trust Fund Contribution. Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAKER, WALLACE EDWARD 2613 TURNBULL ESTATES DRIVE NEW SMYRNA BEACH FL 32168	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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: *Wallace Edward Baker* WALLACE EDWARD BAKER 3-3-02 386-428-5886
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)

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