

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000036824

1. Entity Name  
**BAKER WALLCOVERING, INC.**

**FILED**  
**Feb 12, 2001 8:00 am**  
**Secretary of State**

02-12-2001 90009 043 \*\*\*150.00

Principal Place of Business  
**65+30 SHARON DR  
ORLANDO FL 32810-3426**

Mailing Address  
**65+30 SHARON DR  
ORLANDO FL 32810-3426**

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 **59-2617854**

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

**FERNANDEZ, JOSE A  
1465 PRIMROSE DR.  
ORLANDO FL 32806**

Name

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

← new address

**7205 Curry Ford Rd.  
Suite 2  
Orlando, Fl.  
32822**

Zip code is  
**32810-3126**

FEI # is wrong  
it is **#59-3644533**



8. The above named entity submits this statement

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent

9. This corporation is eligible to satisfy its Internal Tax filing requirement and elects to do so. (See criteria on back)

11. OFFICERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
BAKER, JAMES R  
6520 SHARON DR  
ORLANDO FL 32810-3126**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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: James R. Baker **James R. Baker (President)** / 17/01 407-445-3922  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0613991

CR2E034 (10/00)