

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000043603

1. Entity Name

BAKER'S PRIDE, INC.

FILED
Jun 08, 2000 8:00 am
Secretary of State

05-08-2000 90147 050 ***150.00

Principal Place of Business

Mailing Address

11018-138 OLD ST. AUGUSTINE RD.
JACKSONVILLE FL 32257

C/O NERO'S CAFE
3607 N. UNIVERSITY BLVD.
JACKSONVILLE FL 32277-1756

2. Principal Place of Business

3. Mailing Address

VI SEMINOLE RD.

SAME AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

ATLANTIC BEACH FLA

SAME

4. FEL Number

Applied For

593577300

Not Applicable

Zip

Country

Zip

Country

32233

DUVAL

32277

DUVAL

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

FRACOR, LEONARD
C/O NERO'S CAFE
3607 N. UNIVERSITY
JACKSONVILLE FL 32277

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
VICE-PRESIDENT
LEONARD FRACOR
7090 LENCZYK DR.
JACKSONVILLE, FLA 32277

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
REGINA, RENE A
7090 LENCZYK DR.
JACKSONVILLE, FLA 32277

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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CITY-ST-ZIP

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:

Leonard Fracor

4/26/00

9047433141

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)