

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000073692

1. Entity Name

ALLAN BAKER INFORMATION SERVICES, INC.

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90150 021 ***150.00

Principal Place of Business

Mailing Address

825 HAULOVER DRIVE
ALTAMONTE SPRINGS FL

825 HAULOVER DRIVE
ALTAMONTE SPRINGS FL 32714-7539

2. Principal Place of Business

3. Mailing Address

825 HAULOVER DRIVE

P.O. Box 163171

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Altamonte Springs, Florida

City & State

Altamonte Springs, Florida

4. FEI Number

59-3592713

Applied For

Not Applicable

Zip

32714

Country

USA

Zip

32714

Country

USA

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

GREG
BAKER, GEORGE A
825 HAULOVER DRIVE
ALTAMONTE SPRINGS FL

Name

GREGORY A. Baker

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

825 Haulover Dr.

City

Altamonte Springs

FL

Zip Code

32714

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 GREG. A. BAKER
STREET ADDRESS 825 Haulover Dr.
CITY-ST-ZIP Altamonte Springs, FL 32714

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

TITLE ☐ Delete
NAME VICE-PRESIDENT
STREET ADDRESS ANDREA BAKER
CITY-ST-ZIP 825 HAULOVER DR.
Altamonte Springs, FL 32714

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Gregory A. Baker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-6-00

Date

407-865-7119

Daytime Phone #

CR2E034 (1/99)