2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # S00418 1. Entity Name BAKER TRANSFER & DELIVERY, INC.							Secretary 0 04-01-2002 90054 03	of Sta	te	
Principal Place of Business 2702 ROOSEVELT BLVD CLEARWATER FL 33760 US			Mailing Address 2702 ROOSEVELT BLVD CLEARWATER FL 33760 US							
2. Principal P	Place of Busin	ness	3. Mailing Address	. Mailing Address			\$6017616 89141 00511 84001 1601 1014 G1611 1		OIL BEDEL LODE	
Suite, Apt.	#, etc.		Suite, Apt. #, etc			DO NOT WRITE IN THIS SPACE				
City & State			City & State			4 . F	El Number 59-3029400	 	oplied For ot Applicable	
Zip	Country		Zip	p Country		5. C	Certificate of Status Desired	\$8.75 Add	ditional	
	6. Name	and Address of Current I	Registered Agent	ا <u>-</u>	= Namo	7. N	ame and Address of New Registered	Agent		
JUDITH BA			Name							
2702 ROOSEVELT BLVD SUITE 204-259					Street Address (P.O. Box Number is Not Acceptable)					
CLEARWA		City			FI	Zip Code	e			
8. The above	named entit	v submits this statement for	the purpose of changing its	reaister	 ed office or reais	stered age	ent, or both, in the State of Florida.			
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SIGNATURE .	Signature, typed	or printed name of registered agent a	and title if applicable. (NOT	E: Registere	d Agent signature requ	ired when rei	instating) DATE			
Tax filing i	-	ible to satisfy its Intangible and elects to do so.	After May 1, 20	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of Sta			Election Campaign Financing Trust Fund Contribution.		0 May Be d to Fees	
11.	· · · · · · · · · · · · · · · · · · ·	OFFICERS AND	DIRECTORS	12.		ADI	DITIONS/CHANGES TO OFFICERS AN	D DIRECTOR:		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Judith B 2702 ROC Clearwa	SEVELT BLVD			- 1			Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Delete			11	_	☐ Change ☐ Addition				
NAME STREET ADDRESS CITY-ST-ZIP			Delete	NAM	E ET ADDRESS -ST-ZIP			Change	≟ Addition =	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			C Delete	III .				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	- 61				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	- 11				☐ Change	☐ Addition	
indicated of the cor	on this repo poration or ti	rt or supplemental report is ne receiver or trustee empo achment with an address, v	true and accurate and that r	ny signa as regui	ture shall have th red by Chapter 6 •	ne same le 607, Floric	19.07(3)(i), Florida Statutes. I further codegal effect as if made under oath; that da Statutes; and that my name appears	am an officer in Block 11 or	or director r Block 12 if	