

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2001 8:00 am
Secretary of State

04-28-2001 90091 011 ***158.75

0065142

DOCUMENT # S07443

1. Entity Name
BAKER & WILLIAMSON ENTERPRISES, INC.

Principal Place of Business Mailing Address
1305 WOODBINE STREET 1305 WOODBINE STREET
CLEARWATER FL 34615 CLEARWATER FL 34615

C0053944



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
1305 Woodbine St *1305 Woodbine St*
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Clearwater Fl. *Clw. Fl.*

4. FEI Number **59-3029574** Applied For
 Not Applicable

Zip Country Zip Country
33755 Pinellas *33755 Pinellas*

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

BAKER, ROSE
1305 WOODBINE STREET
CLEARWATER FL 34615

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, registered agent, or both, in the State of Florida.

SIGNATURE *Rose Baker* *Rose Baker* *3/5/01*
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, 2001 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
P BAKER, ROSE 1305 WOODBINE ST. CLEARWATER FL 34615	<input type="checkbox"/>		
V WILLIAMSON, ALLYCE 420 HELEN ST. DUNEDIN FL 34698	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		

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: *Rose Baker* *3-5-01*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)