

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2000 8:00 am
Secretary of State

02-21-2000 90031 046 ***150.00

DOCUMENT # S19777

1. Entity Name
BAKER COMMERCIAL MAINTENANCE, INC.

Principal Place of Business 250 WILSHIRE PLAZA STE. #126 CASSELBERRY FL 32707	Mailing Address P.O. BOX 940341 MAITLAND FL 32794-0341 US
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714955



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2699 Forsyth Road Suite, Apt. #, etc. Suite 111	3. Mailing Address Suite, Apt. #, etc.
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City & State Orlando, FL	City & State	4. FEI Number 59-3043787	Applied For Not Applicable
Zip 32807	Country Orange	Zip	Country

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, FREDERICK K JR.
250 WILSHIRE PLAZA
STE. #126
CASSELBERRY FL 32707

Name		
Street Address (P.O. Box Number is Not Acceptable)	2699 Forsyth Road, Suite 111	
City	Orlando	FL Zip Code 32807

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	D BAKER, FREDERICK K., JR. 250 WILSHIRE PLAZA #126 CASSELBERRY FL 32707 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Frederick K. Baker, Jr.* **Frederick K. Baker, Jr.** **02-14-00** **(407) 339-8821**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)