

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2001 8:00 am
Secretary of State

03-13-2001 90080 020 ***150.00

AUG1301



DO NOT WRITE IN THIS SPACE

DOCUMENT # S19777

1. Entity Name
BAKER COMMERCIAL MAINTENANCE, INC.

Principal Place of Business 2699 FORSYTH ROAD STE. #111 ORLANDO FL 32807	Mailing Address P.O. BOX 940011 MAITLAND FL 32754 US
--	--

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 2699 Forsyth Road Suite, Apt. #, etc. 111
---	---

City & State Orlando, FL	4. FEI Number 59-3043787	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	------------------------------------	--

Zip 32807	Country	Zip 32807	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
---------------------	---------	---------------------	---------	--

6. Name and Address of Current Registered Agent

BAKER, FREDERICK K JR
2699 FORSYTH ROAD, SUITE 111
CASSELBERRY FL 32707

7. Name and Address of New Registered Agent

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 _____ (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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAKER, FREDERICK K., JR. 250 WILSHIRE PLAZA #126 CASSELBERRY FL 32707	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Frederick K. Baker, Jr. 2699 Forsyth Road #111 Orlando, FL 32807
	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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* **3/8/01** **(407) 339-8821**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)