2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

5640 BROOKLINE DR

ORLANDO FL 32819

DOCUMENT # S46776

1. Entity Name

Principal Place of Business

5640 BROOKLINE DR.

ORLANDO FL 32819

BAXTER DEVELOPMENT CORPORATION



FILED Jan 08, 2003 8:00 am Secretary of State

01-08-2003 90059 026 ***150.00

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. Principal Place of Business		3. Mailing Ad	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State		City & Stat	City & State			4. FEI Number 59-3073845 Applied For Not Applicable				
Zip	Country	Zip	Country		5.	5. Certificate of Status Desired \$8.75 Additional Fee Required				
<u></u>		7. Name and Address of New Registered Agent								
	Name	Name								
BAXTER, CHARLES M.				Street Address (P.O. Box Number is Not Acceptable)						
5640 BROOKLINE DR										
ORLANDO	FL 32819									
				City		FL Zip Code				
	named entity submits this statemen	t for the purpose A	f changing its re-	nistered office or	registered a	aent, or both.	in the State of Fk	orida. I an	n familiar with	, and accept
 The above the obligation 	named entity submits this statement ons of registered agent.	it for the purpose of	Changing its re	gistered office of	rogisto.ou a	9-111				
SIGNATURE _	Signature, typed or printed name of registered a	gent and title if applicable.	(NOTE: R	egistered Agent signatu	re required when	reinstating)		DATE		
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F)	LE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.	nn. (tion Campaign Fi : Fund Contributio			. 00 May Be ed to Fees
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		ND DIRECTORS	-	11.	Α	ADDITIONS/C	HANGES TO OF	FICERS AN	ND DIRECTO	RS IN 11
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NAME	BAXTER, CHARLES M III			NAME						
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CITY-ST-ZIP	ORLANDO FL			CITY-ST-ZIP						
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12. I hereby certify that the information supplied with this filling 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 truptee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block-10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

DIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-03

407-876-1443

Daytime Phone #