

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 14, 2001 8:00 am**  
**Secretary of State**

05-14-2001 90167 001 \*1,428.75

**DOCUMENT # S49935**

1. Entity Name  
**BALDWIN, INC.**

Principal Place of Business

6550 ROOSEVELT BLVD  
 JACKSONVILLE FL 32244  
 US

Mailing Address

6550 ROOSEVELT BLVD  
 JACKSONVILLE FL 32244  
 US

2. Principal Place of Business  
**8232 Ramona Blvd.**

3. Mailing Address  
**8232 Ramona Blvd.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Jacksonville, Fl.**

City & State  
**Jacksonville, Fl.**

4. FEI Number **59-3069803**

Applied For  
 Not Applicable

Zip Country  
**32221 United States**

Zip Country  
**32221 United States**

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

**HOLMES, LOCKWOOD**  
**6550 ROOSEVELT BLVD**  
**JACKSONVILLE FL 32244**

Name  
**Ronald W. Fussell**

Street Address (P.O. Box Number is Not Acceptable)  
**8232 Ramona Blvd.**

City Zip Code  
**Jacksonville FL 32221**

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 *Ronald W. Fussell*  
 Signature, typed or printed name of registered agent and title if applicable.

**Ronald W. Fussell**  
 (NOTE: Registered Agent signature required when reinstating)

**4-26-01**  
 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	<b>P</b> <b>HOLMES, LOCKWOOD</b> <b>6550 ROOSEVELT BLVD</b> <b>JACKSONVILLE FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D P S</b> <b>Lockwood P. Holmes</b> <b>8232 Ramona Blvd.</b> <b>Jacksonville, Fl. 32221</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>XXX</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D VP T</b> <b>Ronald W. Fussell</b> <b>8232 Ramona Blvd</b> <b>Jacksonville, Fl. 32221</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>XXX</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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: *Ronald W. Fussell*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-26-01**  
 Date

Daytime Phone #

CR2E034 (10/00)



DO NOT WRITE IN THIS SPACE