2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2003 8:00 am
Secretary of State
05-27-2003 90159 047 ***150.00

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DOCUMENT # S57602

1. Entity Name
PA & MA BARKER, INC.

Principal Place of Business	Mailing Address
727 N. SUNCOAST BLVD.	727 N. SUNCOAST BLVD.
CRYSTAL RIVER FL 32629	CRYSTAL RIVER FL 32629

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3066229 ☐ Applied For ☐ Not Applicable

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
BARKER, M. ELAINE 727 N. SUNCOAST BLVD. CRYSTAL RIVER FL 32629	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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST BARKER, M. ELAINE 727 N. SUNCOAST BLVD. CRYSTAL RIVER FL 34429	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: M. Elaine Barker Pres 5-22-03 352-795-5800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment 901377753

#557602

5-22-03

Florida Department of State
Division of Corporations

To whom it may concern:

RE: PA & MA Baeke, Inc.
FEI # 59-3066229
Document # 557602

Please be advised that I left Crystal River on March 4, 2003, due to serious illness of my husband AND went to Mayo Clinic, Jacksonville, FL, where my husband received a liver transplant on March 29, 2003, returned in May 2003.

An employee paid incoming bills and did the best she could without any training. The above form was placed in office drawer.

This week (May 19th, 2003) is my first week back at office. When I found Uniform Business Report and called 5-21-03 and talked with Dreu F. she stated for me to write and explain and to mail in the $150 fee.

Please take this emergency into consideration.

Thank you.

M. Elaine Baeke

Mayo Clinic
Dr. Dickson
904-296-5880

KURTZ BROS. 10 X 10