## **2001 UNIFORM BUSINESS REPORT (UBR)** Mar 20, 2001 8:00 am **DOCUMENT # \$90530 Secretary of State** R.K. BAKER ENTERPRISES, INC. 03-20-2001 90082 008 \*\*\*150.00 Principal Place of Business Mailing Address 1128 S POWELINE RD POST OFFICE BOX 8377 CORAL SPRINGS FL 33075 DEERFIELD BCH FL 33442 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0301061 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BAKER, ROBERT A. III 1128 S POWERLINE RD **DEEFIELD BCH FL 33442** 8. The above named entity submits His statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE ne of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Delete TITLE TITLE BAKER, ROBERT A. III NAME NAME 5947 BAYHILLOR. AKE WORTH FI 33463 STREET ADDRESS STREET ADDRESS 1128 S POWERLINE RD CITY-ST-ZIP CITY-ST-ZIP **DEERFIELD BCH FL 33442** Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP - 🔲 Addition TITLE Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ∠ TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME

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 five 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:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TAPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/01 Date

561-434-2560

Daytime Phone #