

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 09, 2003 8:00 am
Secretary of State

01-09-2003 90139 009 ***150.00

DOCUMENT # V48687

1. Entity Name
BAKER COUNTY STANDARD, INC.



Principal Place of Business
**2 E. MACCLENNY AVE.
MACCLENNY FL 32063**

Mailing Address
**2 E. MACCLENNY AVE.
MACCLENNY FL 32063**

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 **59-3134149**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**CARR, WAYNE S
9682 BARBER LOOP RD
MACCLENNY FL 32063**

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. 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

TITLE	VP	<input type="checkbox"/> Delete
NAME	CARR, OLGA	
STREET ADDRESS	3590 SOUTH CANAL RD	
CITY-ST-ZIP	MACCLENNY FL 32063	
TITLE	P	<input type="checkbox"/> Delete
NAME	RHODEN, TINA	
STREET ADDRESS	515 SOUTH SIXTH STREET	
CITY-ST-ZIP	MACCLENNY FL 32063	
TITLE	T	<input type="checkbox"/> Delete
NAME	CARR, WAYNE S	
STREET ADDRESS	9682 BARBER LOOP RD	
CITY-ST-ZIP	MACCLENNY FL 32063	
TITLE	ST	<input type="checkbox"/> Delete
NAME	CARR, NINA J	
STREET ADDRESS	9682 BARBER LOOP RD	
CITY-ST-ZIP	MACCLENNY FL 32063	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROWE, JIMMY	
STREET ADDRESS	P.O. BOX 343	
CITY-ST-ZIP	MACCLENNY FL 32063	
TITLE	D	<input type="checkbox"/> Delete
NAME	STARLING, MARTHA	
STREET ADDRESS	RT. 1 BOX 586	
CITY-ST-ZIP	MACCLENNY FL 32063	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-03

(904) 259-8200

Date Daytime Phone #

CR2E034 (10/02)