

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 26, 2001 8:00 am**  
**Secretary of State**

04-26-2001 90317 023 \*\*\*150.00

**DOCUMENT # 214387**

1. Entity Name

**RED BARN, INC.**

Principal Place of Business

6150 NEW TAMPA HIGHWAY  
 LAKELAND FL 33815  
 US

Mailing Address

6150 NEW TAMPA HIGHWAY  
 LAKELAND FL 33815  
 US

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 **59-0858313**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**JONES, CHARLES DAVID**  
**2615 AIRPORT RD**  
**LAKELAND FL 33811**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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.

SIGNATURE

*Charles D Jones*  
 Signature, typed or printed name of registered agent and filer if applicable.

(NOTE: Registered Agent signature required when re-stating)

**4-18-01**

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	P	<input type="checkbox"/> Delete
NAME	JONES, CHARLES DAVID	
STREET ADDRESS	2615 AIRPORT ROAD	
CITY-ST-ZIP	LAKELAND FL 33811	
TITLE	VP	<input type="checkbox"/> Delete
NAME	JONES, SHIRLEY ANN	
STREET ADDRESS	103 CAPRI COURT SOUTH	
CITY-ST-ZIP	PLANT CITY FL 33567	
TITLE	S	<input type="checkbox"/> Delete
NAME	LACY, FAY MARGARET	
STREET ADDRESS	2507 SOUTH GOLF VIEW DR	
CITY-ST-ZIP	PLANT CITY FL 33567	
TITLE	T	<input type="checkbox"/> Delete
NAME	JONES, REBECCA W	
STREET ADDRESS	2615 AIRPORT ROAD	
CITY-ST-ZIP	LAKELAND FL 33811	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

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:

*Charles D Jones*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-18-01**

DATE

**863-686-2754**

DAYTIME PHONE #

CR2E034 (10/00)



DO NOT WRITE IN THIS SPACE

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