

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 27, 2003 8:00 am**  
**Secretary of State**

08-27-2003 90076 049 \*\*\*550.00

0136429 AT

**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**

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>JONES, CHARLES DAVID</b>	
STREET ADDRESS	<b>2615 AIRPORT ROAD</b>	
CITY-ST-ZIP	<b>LAKELAND FL 33811</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>JONES, SHIRLEY ANN</b>	
STREET ADDRESS	<b>103 CAPRI COURT SOUTH</b>	
CITY-ST-ZIP	<b>PLANT CITY FL 33567</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>LACY, FAY MARGARET</b>	
STREET ADDRESS	<b>2507 SOUTH GOLF VIEW DR</b>	
CITY-ST-ZIP	<b>PLANT CITY FL 33567</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>JONES, REBECCA W</b>	
STREET ADDRESS	<b>2615 AIRPORT ROAD</b>	
CITY-ST-ZIP	<b>LAKELAND FL 33811</b>	
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		
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: *Sindley Jones Keeble*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (4/03)