## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT #

Principal Place of Business

1889 SOUTHAMPTON RD

JACKSONVILLE FL 32207

Suite, Apt. #, etc.

2. Principal Place of Business

394106

1. Entity Name

US

BARKALL CORPORATION



JACKSONVILLE FL 32241-3414

Mailing Address

P. O. BOX 23414

3. Mailing Address

Suite, Apt. #, etc.



**FILED** Jul 22, 2003 8:00 am Secretary of State

07-22-2003 90050 040 \*\*\*150.00

|--|--|

City & State						CHECK FIERE II MAKING CHANGES				
		City & State			<b>4.</b> F	El Number 59-1431022		oplied For ot Applicable		
Zip	Zip Country Zip		Cour	Country		Certificate of Status Desired		<b>\$8.75</b> Add Fee Require		
	6. Name and Address of Current R	egistered Agent			7. N	lame and Address of New F	legistered A	gent		
HALL, BET	TY JO		(	Name Oh	w W	MALL JR				
1226 BELA	MONT TERR.			Street A	doress (P) Bi	ox Number is Not Acceptable	POBC	75		
	VILLE FL 32207-5777			7.5-5		<u> </u>	S45,87_X			
					KSON		FL	Zin Cod	70	
	named entity submits this statement for one of registered agent.			ed office or	registered age	ent, or both, in the State of Flo	orida. I am fa	amiliar with,	and accept	
SIGNATURE -	Signature, typed of printed name of regioned agent an	Torw U	(NOTE: Register	ad Agent signat	ure required when re	nstating)	ر بر بر DATE	20,20	20 <u>3</u>	
After Sep	LE NOW!!! FEE IS \$550.00 tember 10, 2003 Fee will be \$750.0 Payable to Florida Department of	00				Election Campaign Fir Trust Fund Contribution	~ ~		00 May Be d to Fees	
10.	OFFICERS AND D	IRECTORS	11.		AD	DITIONS/CHANGES TO OFF	ICERS AND	DIRECTOR	S IN 11	
	PTSD HALL, BETTY JO	Delete	TITL	-		URER, DIRECT		Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	1226 BELMONT TERRACE JACKSONVILLE FL		STR	EET ADDRESS /-ST-ZIP		TO HALL BELMONT TER BONVILLE FO				
TITLE		☐ Delete	ΤΙΤΙ		PRESIO	ENTISECRETI	924	Change	<b>⊠</b> Addition	
NAME STREET ADDRESS				EET ADDRESS	1826	W MALL TR BEZMONT TO	ERRA	CE		
CITY-ST-ZIP			CITY	Y-ST-ZIP	TACK:	SONVICE FL	30	<u> බර්7</u>		
TITLE ·		Delete .	TITL					☐ Change	☐ Addition	
NAME CIRCET ADDRESS			NAM	-						
STREET ADDRESS CITY-ST-ZIP				EET ADDRESS (-ST-ZIP						
TITLE		Delete	TITL					☐ Change	Addition	
NAME		T Delete	NAM					☐ Change	☐ Addition	
STREET ADDRESS				EET ADDRESS						
CITY-ST-ZIP				r-ST-ZIP						
TITLE	**************************************	☐ Delete	TITL	E				□ Change	☐ Addition	
NAME			NAM					_ · ·	•	
STREET ADDRESS			STRE	EET ADDRESS						
CITY-ST-ZIP			CiTY	r-ST-ZIP						
TITLE		☐ Delete	TITL	E				Change	Addition	
NAME			NAM	1E						
STREET ADDRESS			STRE	EET ADDRESS						
CITY-ST-ZIP			CITY	r-St-ZIP						
indicated of of the corp	ertify that the information supplied with the on this report or supplemental report is to supplemental report is to soration or the receiver or trustee empower on an attachment with an address, wi	rue and accurate and t rered to execute this re	that my signa eport as requi	ture shall h	ave the same is	egal effect as if made under o	oath; that I ar	m an officer	or director	

TOND WHALL TR TULY 20 2003 90439