

07-01-2002 90354 025 ***150.00

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

DOCUMENT # **H68745**
 1. Entity Name
BARRY AND CHARLOTTE, INC.

DO NOT WRITE IN THIS SPACE



2. Principal Place of Business
3861 CARRIAGE GATE DR.
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
WEST MELBOURNE FL

City & State

4. FEI Number Applied For
 Not Applicable

Zip
32904

Country
US

Zip

Country

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
 Name **BARRY H COLE**
 Street Address (P.O. Box Number is Not Acceptable)
3861 CARRIAGE GATE DR
 City **WEST MELBOURNE FL** Zip Code **32904**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES DIR BARRY H COLE 3861 CARRIAGE GATE DR WEST MELBOURNE FL 32904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC TRGS CHARLOTTE COLE 3861 CARRIAGE GATE DR WEST MELBOURNE FL 32904
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Charlotte Cole*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-22-2002
 Date Daytime Phone #

CR2E034B (12/01)