

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 29, 2001 8:00 am**  
**Secretary of State**  
 01-29-2001 90186 012 \*\*\*150.00

**DOCUMENT # P00000066749**

1. Entity Name  
**BARDEN ELECTRIC, INC.**

Principal Place of Business 3631 ALICA DR. ZEPHYRHILLS FL 33543	Mailing Address 3631 ALICA DR. ZEPHYRHILLS FL 33543
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>3631 Alice Dr.</b>	3. Mailing Address <b>3631 Alice Dr.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Zephyrhills, FL</b>	City & State <b>Zephyrhills, FL</b>
Zip <b>33543</b>	Zip <b>33543</b>
Country	Country

4. FEI Number <b>59-3681386</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**BARDEN, BARBARA J**  
**3631 ALICA DR.**  
**ZEPHYRHILLS FL 33543**

7. Name and Address of New Registered Agent

Name **Barbara J. Barden**

Street Address (P.O. Box Number is Not Acceptable)  
**3631 Alice Dr.**

City **Zephyrhills** State **FL** Zip Code **33543**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) 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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <input type="checkbox"/> Delete <b>BARDEN, NEIL E</b> <b>3631 ALICA DR.</b> <b>ZEPHYRHILLS FL 33543</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <input type="checkbox"/> Delete <b>BARDEN, BARBARA J</b> <b>3631 ALICA DR.</b> <b>ZEPHYRHILLS FL 33543</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>p/o</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Barden, Neil E.</b> <b>3631 Alice Dr.</b> <b>Zephyrhills, FL 33543</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>517/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Barden, Barbara J</b> <b>3631 Alice Dr.</b> <b>Zephyrhills, FL 33543</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Barbara Barden **Barbara Barden** 1/17/01 813-788-9091  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)