

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State
04-23-2001 90168 027 ***150.00

DOCUMENT # P00000075354

1. Entity Name

BARKER, RODEMS & COOK, P.A.

Principal Place of Business

**300 W PLATT STREET
TAMPA FL 33606**

Mailing Address

**300 W PLATT STREET
TAMPA FL 33606**

2. Principal Place of Business

300 W. Platt Street

Suite, Apt. #, etc.

Suite 150

City & State

Tampa, Florida

Zip

33606

Country

USA

3. Mailing Address

300 W. Platt Street

Suite, Apt. #, etc.

Suite 150

City & State

Tampa, Florida

Zip

33606

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3672653

Applied For

Not Applicable

5. Certificate of Status Desired

☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**BARKER, CHRIS A
480 W DAVIS BLVD
TAMPA FL 33606**

7. Name and Address of New Registered Agent

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(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

**President
Chris A. Barker
300 W. Platt Street, Suite 150
Tampa FL 33606**☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**Vice-President
Ryan C. Rodems
300 W. Platt Street, Suite 150
Tampa FL 33606**☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**Sec - Treasurer
William J. Cook
300 W. Platt Street, Suite 150
Tampa, FL 33606**☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change☐ Addition

TITLE

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STREET ADDRESS

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☐ Change☐ Addition

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NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change☐ 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:

CHRIS A. BARKER**4/17/01****813/489-1001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

De/Time Phone #

CR2E034 (10/00)