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**FILED**
**Jul 28, 2002 8:00 am**
**Secretary of State**
05-30-2002 91602 025 ***150.00

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000027099

1. Entity Name
BBB of Gainesville, Inc
dba Used Santa Fe Textbooks

[redacted]

[redacted]

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| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 3700 NW 91st Street | 1700 Malvern Ave |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Gainesville, FL | City & State: Hot Springs, AR |
| Zip: 32606 Country: U.S.A. | Zip: 71901 Country: U.S.A |

4. FEI Number: 71-0853919 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: James Barnes

Street Address (P.O. Box Number is Not Acceptable): 3700 NW 91st Street

City: Gainesville FL Zip Code: 32606

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: James Barnes
Signature, typed or printed name of registered agent (required 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) ☒

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 | President<br>James Barnes<br>959 Westinghouse Dr<br>Hot Springs, AR 71901 | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Secretary<br>Terry Barnes<br>959 Westinghouse Dr<br>Hot Springs, AR 71901 | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | |
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CR2E034B (12/01)

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: Terry Barnes, Secretary 5-22-02 (870) 246-2181
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

✓ James Barnes 7-1-02