

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90117 032 ***150.00

DOCUMENT # P01000027791



1. Entity Name
BARRIER ISLAND CONSTRUCTION INC.

Principal Place of Business
10312 LICORICE WAY
ORLANDO FL 32821

Mailing Address
10312 LICORICE WAY
ORLANDO FL 32821



2. Principal Place of Business

5334 Central Florida Pkwy

Suite, Apt. #, etc.
227

City & State
ORLANDO FL

Zip Country
32821 ORANGE

3. Mailing Address

5334 Central Florida Pkwy

Suite, Apt. #, etc.
227

City & State
ORLANDO FL

Zip Country
32821 ORANGE

A CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3699849**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FALLS, CLARK R
10312 LICORICE WAY
ORLANDO FL 32821

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Clark R Falls*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/15/03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	FALLS, CLARK R	12530 BRAXTED DRIVE	ORLANDO FL 32837	<input type="checkbox"/>
VS	HARRIS, CASSANDRA A	12530 BRAXTED DRIVE	ORLANDO FL 32837	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		10312 Licorice Way	ORLANDO FL 32821	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		10312 Licorice Way	ORLANDO FL 32821	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Signature Required*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/03 **407-466-4664**
Date Daytime Phone #

CR2E034 (10/02)