

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91342 048 ***150.00

DOCUMENT # P94000044333

1. Entity Name
BARRON-WHITE, INC.



Principal Place of Business
**C/O 2335 TAMiami TRAIL N
STE 501
NAPLES FL 34103
US**

Mailing Address
**C/O KENNETH R. COURINGTON, M.D.
2335 TAMiami TR. NORTH #501
NAPLES FL 34103
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0500729**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COURINGTON, KENNETH R
C/O 2335 TAMiami TRAIL N
STE 501
NAPLES FL 34103**

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

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

(NOTE: Registered Agent signature required when reinstating)

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	V	<input type="checkbox"/> Delete
NAME	COURINGTON, KENNETH R	
STREET ADDRESS	C/O 2335 TAMiami TRAIL N 501	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	P	<input type="checkbox"/> Delete
NAME	JORDAN, JACOB H	
STREET ADDRESS	C/O 2335 TAMiami TRAIL N 501	
CITY-ST-ZIP	NAPLES FL	
TITLE	TS	<input type="checkbox"/> Delete
NAME	JORDAN, NANCY R	
STREET ADDRESS	C/O 2335 TAMiami TRAIL N 501	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

JACOB H. JORDAN, Pres.

4/24/03

239-263-0011

Day

Daytime Phone #

CR2E034 (10/02)