

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90782 019 ***150.00

0065311 SP

DOCUMENT # P95000050600

1. Entity Name

BARNETT MANAGEMENT, INC.

Principal Place of Business

Mailing Address

**5555 SOUTH U.S. HIGHWAY #1
FORT PIERCE FL 34954**

**5555 SOUTH U.S. HIGHWAY #1
FORT PIERCE FL 34954**

2. Principal Place of Business

5555 S US1

3. Mailing Address

P.O. Box 12130

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT. Pierce FL

City & State

FT. Pierce FL

4. FEI Number

38-2662375

Applied For

Not Applicable

Zip

34954

Country

USA

Zip

34979

Country

USA

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

BARNETT, STEVEN L

5555 SOUTH U.S. HIGHWAY #1

FORT PIERCE FL 34954

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BARNETT, STEVEN L
5555 SOUTH U.S. HIGHWAY #1
FORT PIERCE FL 34954** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEVEN L. BARNETT 4/1/02 772 4616060

Date

Daytime Phone #

CR2E034 (9/01)