

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2001 8:00 am
Secretary of State

02-07-2001 90185 040 ***150.00

DOCUMENT # P95000050625

1. Entity Name
BARRON ASSET MANAGEMENT, INC.

Principal Place of Business

205 S HOOVER BLVD
 SUITE 205
 TAMPA FL 33609

Mailing Address

205 S HOOVER BLVD
 SUITE 205
 TAMPA FL 33609

917211



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1601 W PLATT ST
 Suite, Apt. #, etc.
TAMPA, FL
 City & State

3. Mailing Address

1601 W PLATT ST
 Suite, Apt. #, etc.
TAMPA FL
 City & State

4. FEI Number **59-3336435**

Applied For
 Not Applicable

Zip **33606**

Country **USA**

Zip **33606**

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

BOYER, JOHN
205 S HOOVER BLVD
SUITE 205
TAMPA FL 33609

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D BOYER, JOHN	205 S HOOVER BLVD SUITE 205	TAMPA FL 33609	<input type="checkbox"/>
	D SUTTON, W. E.	205 S. HOOVER BLVD, SUITE 205	TAMPA FL 33609	<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
		1601 W PLATT ST	TAMPA FL 33606	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		1601 W PLATT ST	TAMPA FL 33606	<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"/>

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: *John R Boyer*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/01
Date

813-254-9500
Daytime Phone #

CR2E034 (10/00)