

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000020935

1. Entity Name

RED BARN GRAPHICS, INC.

FILED
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90102 020 ***150.00

Principal Place of Business

Mailing Address

1825 WEST FRENCH AVENUE
 ORANGE CITY FL 32763
 US

POST OFFICE BOX 740789
 OANGE CITY FL 32774-0789
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3404327

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MCCRAY, ROBERT B
 1825 WEST FRENCH AVENUE
 ORANGE CITY FL 32774

7. Name and Address of New Registered Agent

Name *McCray, Monica M*
 Street Address (P.O. Box Number is Not Acceptable)
1825 W. French Ave
 City *Orange City* FL Zip Code *32763*

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 *Monica M. McCray - President - Monica M McCray* DATE *3/29/2000*
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, 2000 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
V <input checked="" type="checkbox"/> Delete	MCCRAY, ROBERT B 1825 WEST FRENCH AVENUE ORANGE CITY FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	Catherine McCray 1825 W. French Ave Orange City, FL 32763
P <input type="checkbox"/> Delete	MCCRAY, MONICA MARIE B 1825 WEST FRENCH AVENUE ORANGE CITY FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
ST <input type="checkbox"/> Delete	DEIHL, LAURINDA 902 F SMITH STREET ORANGE CITY FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	ST DEIHL, Laurinda 1040 W. French Ave Orange City, FL 32763
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Monica M. McCray - President - Monica M McCray* DATE: *3/29/2000* DAYTIME PHONE #: *904-775-1224*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR