

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000089150
 1. Entity Name
BARRETT SUPPLY, INC.

FILED
00 MAR 13 PM 2: 57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
 00 PHILLIPS HIGHWAY 6900 PHILLIPS HIGHWAY
 SUITE 18 SUITE 18
 JACKSONVILLE FL 32216 JACKSONVILLE FL 32216-6058



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State

4. FEI Number **59-3484023** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
HOLBROOK, H. LEON
ONE INDEPENDENT DRIVE
SUITE 2301
JACKSONVILLE FL 32202

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.

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, 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	
TITLE	D	TITLE	President
NAME	HUSTUS, TRISHA	NAME	Trisha J. Hustus
STREET ADDRESS	6900 PHILLIPS HIGHWAY, SUITE 18	STREET ADDRESS	6661 Oriole Avenue
CITY-ST-ZIP	JACKSONVILLE FL 32216	CITY-ST-ZIP	Jacksonville, FL 32216
TITLE		TITLE	Vice-President
NAME		NAME	Andrew Barrett
STREET ADDRESS		STREET ADDRESS	15428 Plantation Oaks Dr. #7
CITY-ST-ZIP		CITY-ST-ZIP	Tampa, FL 33647
TITLE		TITLE	Treasurer
NAME		NAME	Walter L. Barrett
STREET ADDRESS		STREET ADDRESS	8571 Royal Wood Drive
CITY-ST-ZIP		CITY-ST-ZIP	Jacksonville, FL 32256
TITLE		TITLE	Secretary
NAME		NAME	Helen S. Barrett
STREET ADDRESS		STREET ADDRESS	8571 Royal Wood Drive
CITY-ST-ZIP		CITY-ST-ZIP	Jacksonville, FL 32256
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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3. 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: Trisha J. Hustus Date: **1/20/2000** Daytime Phone #: **904-296-1041**

CR2E034 (9/99)