

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**

**FOR PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

2002

05-15-2002 90100 040 \*\*\*150.00

DOCUMENT # P98000035706  
 1. Entity Name  
 Barnes Properties, Inc. ✓

659761

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business 709 A North US1 Suite, Apt. #, etc.	3. Mailing Address 709 A North US1 Suite, Apt. #, etc.
City & State Fort Pierce, FL	City & State Fort Pierce, FL
Zip 34950	Country US
Country US	Zip 34950
Country US	Country US

4. FEI Number 65-0833799 Applied For Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent  
 Name Clifford Barnes  
 Street Address (P.O. Box Number is Not Acceptable) 1711 N. 25th Street Ste A  
 City Fort Pierce FL Zip Code 34947

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: \_\_\_\_\_ (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)   
 10. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees  
 January 1 - May 1 Fee is \$150.00  
 After May 1 Fee is \$50.00  
 Amended UBR is \$61.25  
 Make Check Payable to Department of State

11. OFFICERS AND DIRECTORS

TITLE	DTS
NAME	Barnes, Betty J
STREET ADDRESS	1711 N 25th Street Ste.A
CITY-ST-ZIP	Fort Pierce, FL 34947
TITLE	DP
NAME	Barnes, Clifford
STREET ADDRESS	1711 N. 25th. Street Ste. A
CITY-ST-ZIP	Fort Pierce, FL 34947
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Clifford Barnes 4/29/02 772-464-2389  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)