

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S30097

1. Entity Name

BARNES & PHILLIPS REAL ESTATE INC.

FILED
Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90133 041 ***150.00

Principal Place of Business

Mailing Address

2195 B TAMiami TRAIL
 PORT CHARLOTTE FL 33948

2195 B TAMiami TRAIL
 PORT CHARLOTTE FL 33948-2123

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0240377

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BARNES, THELMA J.
 2195 B. TAMiami TRAIL
 PORT CHARLOTTE FL 33948

7. Name and Address of New Registered Agent

Name **Billy W Jones**

Street Address (P.O. Box Number is Not Acceptable)
2195-B Tamiami TR

City **Port Charlotte** FL Zip Code **33948**

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 *Billy W Jones*
 Signature, typed or printed name of registered agent and title if applicable.

(President)
 (NOTE: Registered Agent signature required when reinstating)

4-20-00
 DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
P	BARNES, THELMA J	23425 PAINTER AVE	PORT CHARLOTTE FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
P/S/T	Billy W Jones	21354 Glendale Ave	PORT CHARLOTTE, FL 33952	<input type="checkbox"/>	<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"/>	<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: *Billy W Jones*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-00
 Date

941-743-4200
 Daytime Phone #

CR2E034 (9/99)