## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # V15602

1. Entity Name

## BARRETT INVESTMENT GROUP, INC.

Principal Place of Business

Mailing Address

117 CENTER ISLAND DR COLDEN BEACH FL 33160-2255 447 CENTER ISLES

GOLDEN BEACH FL 33160-2255 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc.

**FILED** May 12, 2000 8:00 am Secretary of State

05-12-2000 90080 034 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

Zip Country Zip Country S. Centificate of Status Dealred SR-75 Addition Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Address of New Registered Agent Address of New Registered Agent Name Address of New Registered Agent Name Address of New Registered Agent Name Address of New Registered Agent Agent Agent Agent Agent Address of New Registered Agent		1						
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6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  RILEY, PATRICIA  447 CENTER ISLES GOLDEN BEACH R. 33160  City  FL  Zip Code  8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both. In the State of Florida.  SIGNATURE  Gyratine, typed or printed name of registered spart and site of expiritable.  9. This corporation is eligible to satisfy its Intang bite Tax filing requirement and elects to do so.  Atter MAY 1, 2000 Fee will be \$550.00  Atter MAY 1, 2000 Fee will be \$550.00  Atter MAY 1, 2000 Fee will be \$550.00  Title INDUSTRICATION OF STREET ADDRESS OUTH-ST-ZIP  Delete TITLE  NAME SIRRET ADDRESS OUTH-ST-ZIP  Delete TITLE NAME SIRRET ADDRESS OUTH-ST-ZIP  Delete TITLE NAME SIRRET ADDRESS OUTH-ST-ZIP  Delete TITLE NAME SIRRET ADDRESS OUTH-ST-ZIP  Delete TITLE NAME SIRRET ADDRESS OUTH-ST-ZIP  Delete TITLE NAME SIRRET ADDRESS OUTH-ST-ZIP  Delete TITLE NAME SIRRET ADDRESS OUTH-ST-ZIP  Delete TITLE NAME SIRRET ADDRESS OUTH-ST-ZIP  Delete TITLE NAME SIRRET ADDRESS OUTH-ST-ZIP  Delete TITLE NAME SIRRET ADDRESS OUTH-ST-ZIP  Delete TITLE NAME SIRRET ADDRESS OUTH-ST-ZIP  Delete SIRRET ADDRESS OUTH-ST-ZIP  Dele								Not Applicable
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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 of 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 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 B	hateoinaí	on this report or supplemental report is tr	rue and accurate and that my si	ionature shall have th	ia same legal effect a	as it made under oath: that I	am an offic	er or director

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