

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90317 023 ***150.00

DOCUMENT # 214387

1. Entity Name

RED BARN, INC.

Principal Place of Business

6150 NEW TAMPA HIGHWAY
 LAKELAND FL 33815
 US

Mailing Address

6150 NEW TAMPA HIGHWAY
 LAKELAND FL 33815
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-0858313**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

JONES, CHARLES DAVID
2615 AIRPORT RD
LAKELAND FL 33811

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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

Charles D Jones
 Signature, typed or printed name of registered agent and filer if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

4-18-01

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, 2001 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 | P | <input type="checkbox"/> Delete |
| NAME | JONES, CHARLES DAVID | |
| STREET ADDRESS | 2615 AIRPORT ROAD | |
| CITY- ST- ZIP | LAKELAND FL 33811 | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | JONES, SHIRLEY ANN | |
| STREET ADDRESS | 103 CAPRI COURT SOUTH | |
| CITY- ST- ZIP | PLANT CITY FL 33567 | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | LACY, FAY MARGARET | |
| STREET ADDRESS | 2507 SOUTH GOLF VIEW DR | |
| CITY- ST- ZIP | PLANT CITY FL 33567 | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | JONES, REBECCA W | |
| STREET ADDRESS | 2615 AIRPORT ROAD | |
| CITY- ST- ZIP | LAKELAND FL 33811 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY- ST- ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY- ST- ZIP | | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY- ST- ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| CITY- ST- ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY- ST- ZIP | | |

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:

Charles D Jones
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-01
 Date

863-686-2754
 Daytime Phone #

CR2E034 (10/00)



DO NOT WRITE IN THIS SPACE

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