

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 06, 2003 8:00 am**  
**Secretary of State**

02-06-2003 90063 032 \*\*\*150.00

**DOCUMENT # 274948**

1. Entity Name  
**BARNES AND BOVA INSURANCE, INC.**



Principal Place of Business  
**3201 N FEDERAL HWY  
STE 200  
FT LAUDERDALE FL 33306  
US**

Mailing Address  
**3201 N FEDERAL HWY  
STE 200  
FT LAUDERDALE FL 33306  
US**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number **59-1060144**  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent  
**BARNES, BERT  
3201 N FEDERAL HWY  
SUITE 200  
FT LAUDERDALE FL 33306**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

## 10. OFFICERS AND DIRECTORS

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	BARNES, BERT	
STREET ADDRESS	3201 N FEDERAL HWY #200	
CITY-ST-ZIP	FT LAUDERDALE FL 33306	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOVA, WILLIAM J	
STREET ADDRESS	3201 N FEDERAL HWY #200	
CITY-ST-ZIP	FT LAUDERDALE FL 33306	
TITLE	D	<input type="checkbox"/> Delete
NAME	BARNES, MARIANNE	
STREET ADDRESS	3201 N FEDERAL HWY #200	
CITY-ST-ZIP	FT LAUDERDALE FL 33306	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Bert Barnes*  
**SIGNATURE REQUIRED**

**2-4-03** **954-561-2220**  
Date Daytime Phone #

CR2E034 (10/02)