

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Jul 23, 2001 8:00 am**  
**Secretary of State**

07-23-2001 90003 012 \*\*\*150.00

**DOCUMENT # 293563**1. Entity Name  
**BARTON// SLIGH'S, INC.**Principal Place of Business  
**2405 SOUTH THIRD ST  
JACKSONVILLE BEACH FL 32250**Mailing Address  
**2405 SOUTH THIRD ST  
JACKSONVILLE BEACH FL 32250**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number **59-1095201**Applied For  
☐ Not Applicable

Zip Country

Zip Country

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**BARTON, SARA O**  
~~**212 LAURA ST**~~  
**JACKSONVILLE FL 32202***NO longer  
at this address  
see new  
address*

7. Name and Address of New Registered Agent

Name **BARTON, SARA O.**  
Street Address (P.O. Box Number is Not Acceptable)  
**2405 South third ST.**  
City **JACKSONVILLE BEACH** FL Zip Code **32250**

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

Signature, typed or printed name of registered agent and title if applicable.

(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) ☐**FILE NOW!!! FEE IS \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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 **P** ☐ Delete  
NAME **BARTON, SARA O**  
STREET ADDRESS **2405 SOUTH THIRD STREET**  
CITY-ST-ZIP **JACKSONVILLE FL**TITLE **VP** ☐ Delete  
NAME **ELDER, ELIZABETH**  
STREET ADDRESS **2405 SOUTH THIRD STREET**  
CITY-ST-ZIP **JACKSONVILLE FL**TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED

*Sara O Barton*

7/3/01

904-246-9436

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)

**BARTON**  
SLIGH'S

COSTA VERDE PLAZA / JACKSONVILLE BEACH, FLORIDA 32250 / TELEPHONE 904 - 246-9436

JULY 3, 2001

Uniform Business Report  
Division of Corporations,  
P. O. Box 6327  
Tallahassee, FL 32314

Re: Document #293563  
Barton Sligh's, Inc.  
FEI #59-1095201

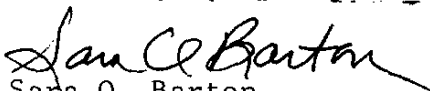
Enclosed is the above captioned document and our check #18276  
in the amount of \$150.00 for filing fee.

We ask that you please waive the penalty for late filing as  
we did not receive the report form.

Thank you very much.

Sincerely yours,

BARTON SLIGH'S, INC.

  
Sara O. Barton  
President

Enclosures

Attachment  
DH#293563  
A0076939