

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90096 016 ***150.00

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DOCUMENT # 346446

1. Entity Name
SECURITY BARN, INC.

Principal Place of Business
659 MOORING LINE DRIVE
NAPLES FL ~~33940~~

Mailing Address
659 MOORING LINE DRIVE
NAPLES FL ~~33940~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1268652

Applied For

Not Applicable

Zip

34102

Country

Zip

34102

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

SMITH, PEGGY R.
659 MOORING LINE DRIVE
NAPLES FL 33940

7. Name and Address of New Registered Agent

Name **THOMAS E. BOERIO, CPA**

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

4099 TAMiami TRAIL N # 400

City **NAPLES**

FL

Zip Code **34103**

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

Thomas E. Boerio **THOMAS E. BOERIO, CPA**

2/12/02

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 \$150.00
After May 1, 2002 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 ☐ Delete
 NAME **P**
 STREET ADDRESS **SMITH, PEGGY R.**
 CITY-ST-ZIP **659 MOORING LINE DRIVE**
NAPLES FL 34102

TITLE ☐ Delete
 NAME **ST**
 STREET ADDRESS **SMITH, BRIAN R.**
 CITY-ST-ZIP **659 MOORING LINE DRIVE**
NAPLES FL 34102

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition
 NAME **DIRECTOR**
 STREET ADDRESS **PEGGY R. SMITH**
 CITY-ST-ZIP **659 MOORING LINE DRIVE**
NAPLES, FL 34102

TITLE ☐ Change ☒ Addition
 NAME **DIRECTOR**
 STREET ADDRESS **SMITH, BRIAN**
 CITY-ST-ZIP **659 MOORING LINE DRIVE**
NAPLES, FL 34102

TITLE ☐ Change ☒ Addition
 NAME **DIRECTOR**
 STREET ADDRESS **SMITH, DAVID**
 CITY-ST-ZIP **659 MOORING LINE DRIVE**
NAPLES, FL 34102

TITLE ☐ Change ☒ Addition
 NAME **DIRECTOR**
 STREET ADDRESS **SMITH, DANA**
 CITY-ST-ZIP **659 MOORING LINE DRIVE**
NAPLES, FL 34102

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ 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:

Thomas E. Boerio **THOMAS E. BOERIO, CPA**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-12-02

Date

941-261-0374

Daytime Phone #

CR2E034 (9/01)