

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 433338

1. Entity Name

BARNES FOOD EQUIPMENT LEASING, INC. ✓

**FILED**  
**Sep 15, 2000 8:00 am**  
**Secretary of State**

09-15-2000 90012 036 \*\*\*550.00

Principal Place of Business

924 E. NEW HAVEN AVENUE  
MELBOURNE FL 32901

Mailing Address

924 E. NEW HAVEN AVENUE  
MELBOURNE FL 32901

A0078263



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

251 N BACOCK ST

Suite, Apt. #, etc.

3. Mailing Address

251 N BACOCK ST

Suite, Apt. #, etc.

City & State

MELBOURNE FL

City & State

MELBOURNE FL

4. FEI Number

59-1518198

Applied For

Not Applicable

Zip

32935

Country

FLORIDA

Zip

32935

Country

FLORIDA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BARNES, GORDON  
924 E. NEW HAVEN AVENUE  
MELBOURNE FL 32901

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.

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 13, 2000 Min. 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  
NAME BARNES, GORDON  
STREET ADDRESS 924 E. NEW HAVEN AVE.  
CITY-ST-ZIP MELBOURNE FL ☐ Delete

TITLE STP  
NAME BRANES, MAXINE  
STREET ADDRESS 924 NOW HAVON AVE  
CITY-ST-ZIP MELBOURNE FL 32902 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Maxine Barnes

Date

9-11-2000 321-951-1602

Daytime Phone #