

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 455645

1. Entity Name

BARNES MACHINE COMPANY.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90122 008 ***150.00

Principal Place of Business ... Mailing Address
2462 EMERSON AVE SOUTH P.O. BOX 11597
P. O. BOX 11597 ST. PETERSBURG FL 33733-1597
ST. PETERSBURG FL 33712 US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-1559120

Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BARNES, CARL
2462 EMERSON AVE S
ST. PETERSBURG FL 33712

Name BARNES, JOHN

Street Address (P.O. Box Number is Not Acceptable)
2462 EMERSON AVE S

City ST PETERSBURG FL Zip Code 33712

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

JOHN BARNES

4-18-00

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, 2000 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 C ☐ Delete
NAME BARNES, CARL
STREET ADDRESS 2462 EMERSON AVE S
CITY-ST-ZIP ST. PETERSBURG FL

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

TITLE V ☐ Delete
NAME SAMS, DEANNA
STREET ADDRESS 6450 STRATHAVEN CT E
CITY-ST-ZIP WORTHINGTON OH

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

TITLE P ☐ Delete
NAME BARNES, JOHN
STREET ADDRESS 2462 EMERSON AVE S
CITY-ST-ZIP ST. PETERSBURG FL

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

TITLE ST ☐ Delete
NAME BARNES, CARLA
STREET ADDRESS 2462 EMERSON AVE S
CITY-ST-ZIP ST. PETERSBURG FL

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

TITLE V ☐ Delete
NAME BALDWIN, TIM
STREET ADDRESS 6450 STRATHAVEN CT E
CITY-ST-ZIP WORTHINGTON OH

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

TITLE ☐ Delete
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:

Carla Barnes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
CARLA BARNES

Date

Daytime Phone #

727/327-9452

CR2E034 (9/99)