2002 UNIFORM BUSINESS REPORT (UBR)

Mar 25, 2002 8:00 am 487518 Secretary of State DOCUMENT # 1. Entity Name BARNES INDUSTRIES, INC. 03-25-2002 90112 040 ***150.00 Principal Place of Business Mailing Address P. O. DRAWER 1231 829 CARSWELL AVE DAYTONA BEACH FL 32115 HOLLY HILL FL 32117 2. Principal Place of Business 3. Mailing Address RODEO MOAD Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1675415 Not Applicable RMON Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DORAN, THEODORE R. 444 SEABRÈEZE BLVD. **SUITE 800** DAYTONA BEACH FL 32118 8. The above name 🖪 ntity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Addition ☐ Change TITLE TITLE Barnes, David O. NAME NAME 829 CARSWELL AVE. STREET ADDRESS STREET ADDRESS HOLLY HILL FL CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE Barnes, Shirley A. NAME NAME 829 CARSWELL AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Holly Hill Fl CITY-ST-ZIP TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS 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 regeiver 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.

FILED