

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90215 025 ***150.00

DOCUMENT # 549434

1. Entity Name
BARNES UNDERWATER SERVICE COMPANY, INCORPORATED



Principal Place of Business
**4802 EMPIRE AVE
JACKSONVILLE FL 32207**

Mailing Address
**2738 HENDRICKS AVENUE
JACKSONVILLE FL 32207**

2. Principal Place of Business

3. Mailing Address

4802 EMPIRE AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
JACKSONVILLE, FL

4. FEI Number

59-2008626

Applied For

Not Applicable

Zip

Country

Zip

Country

32207

USA

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, FRED S.
4802 EMPIRE AVE
JACKSONVILLE FL 32207**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, type name of Registered Agent and date (NOTE: Registered Agent signature required when reinstating)

DATE

4/08/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **BARNES, FRED S**
STREET ADDRESS **2738 HENDRICKS AVENUE**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **PD** ☒ Change ☐ Addition
NAME **BARNES, FRED S.**
STREET ADDRESS **4802 EMPIRE AVE.**
CITY-ST-ZIP **JACKSONVILLE, FL 32207**

TITLE **STD** ☐ Delete
NAME **BARNES, JOYCE W**
STREET ADDRESS **2738 HENDRICKS AVENUE**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **STD** ☒ Change ☐ Addition
NAME **BARNES, JOYCE W.**
STREET ADDRESS **4802 EMPIRE AVE.**
CITY-ST-ZIP **JACKSONVILLE, FL 32207**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **FRED S. BARNES**

FRED S. BARNES
PRESIDENT

4/08/03

(904) 396-0631

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)