

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # 555593**

1. Entity Name

**BARNES & PENDERGAST, INC.**

**FILED**  
**Apr 19, 2000 8:00 am**  
**Secretary of State**

04-19-2000 90023 011 \*\*\*150.00

Principal Place of Business

Mailing Address

232 2ND ST N  
 SAINT PETERSBURG FL 33701  
 US

232 2ND ST N  
 SAINT PETERSBURG FL 33701-3314  
 US

639490



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

59-2062391

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

**BRYANT, GENE**  
 232 SECOND ST. N.  
 ST PETERSBURG FL 33701

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 \$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 | NAME                  | STREET ADDRESS            | CITY-ST-ZIP             | <input type="checkbox"/> Delete |
|-------|-----------------------|---------------------------|-------------------------|---------------------------------|
| P     | BARNES, ROBERT B      | 1831 NEBRASKA AVE NE      | ST PETERSBURG, FL 00000 | <input type="checkbox"/>        |
| VP    | PENDERGAST, WILLIAM L | 1600 NORTH SHORE DRIVE NE | ST. PETERSBURG FL       | <input type="checkbox"/>        |
| ST    | BRYANT, EUGENE        | 1417 BEACH DRIVE NE       | ST. PETERSBURG FL       | <input type="checkbox"/>        |
|       |                       |                           |                         | <input type="checkbox"/>        |
|       |                       |                           |                         | <input type="checkbox"/>        |
|       |                       |                           |                         | <input type="checkbox"/>        |

| TITLE | NAME          | STREET ADDRESS          | CITY-ST-ZIP         | <input type="checkbox"/> Change     | <input type="checkbox"/> Addition |
|-------|---------------|-------------------------|---------------------|-------------------------------------|-----------------------------------|
|       |               |                         |                     | <input type="checkbox"/>            | <input type="checkbox"/>          |
| ST    | Bryant Eugene | 1600 North Shore Dr. NE | St. Petersburg, Fl. | <input checked="" type="checkbox"/> | <input type="checkbox"/>          |
|       |               |                         |                     | <input type="checkbox"/>            | <input type="checkbox"/>          |
|       |               |                         |                     | <input type="checkbox"/>            | <input type="checkbox"/>          |
|       |               |                         |                     | <input type="checkbox"/>            | <input type="checkbox"/>          |

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** *Eugene Bryant*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-2000 222-823-3839  
 Date Daytime Phone #

CR2E034 (9/99)