

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2062391

Applied For

Not Applicable

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"/>
ST	Bryant Eugene	1600 North Shore Dr. NE	St. Petersburg, FL.	<input checked="" 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

Date

Daytime Phone #

4-13-2000 222-823-3839

CR2E034 (9/99)