

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 26, 2001 8:00 am**  
**Secretary of State**

01-26-2001 90115 020 \*\*\*150.00

**DOCUMENT # 595869**

1. Entity Name

16, INC.

Principal Place of Business

426 W LANCASTER ROAD  
ORLANDO FL 32809

Mailing Address

426 W LANCASTER ROAD  
ORLANDO FL 32809

2. Principal Place of Business

1650 SAND LAKE ROAD

Suite, Apt. #, etc.

Suite 108

City & State

ORLANDO FL

Zip  
32809

Country  
USA

3. Mailing Address

1650 SAND LAKE ROAD

Suite, Apt. #, etc.

Suite 108

City & State

ORLANDO FL

Zip  
32809

Country  
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1907237

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BARCO, CARROLL S  
6900 S. ORANGE BLOSSOM TR., SUITE 214  
ORLANDO FL 32809

7. Name and Address of New Registered Agent

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, 2001 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

TITLE SD  
NAME BARCO, CARROLL S  
STREET ADDRESS 6900 S. ORANGE BLOSSOM TR. SUITE 214  
CITY-ST-ZIP ORLANDO FL ☐ Delete

TITLE PD  
NAME HASKELL, KEITH L.  
STREET ADDRESS 426 W. LANCASTER RD.  
CITY-ST-ZIP ORLANDO FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE  
NAME HASKELL, Keith L.  
STREET ADDRESS 1650 SAND LAKE ROAD, Suite 108  
CITY-ST-ZIP ORLANDO FL 32809 ☐ Change ☐ Addition

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

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Keith L. Haskell KEITH L. HASSELL 1-12-01 407-855-4665

CR2E034 (10/00)