

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 06, 2001 8:00 am
Secretary of State

04-06-2001 90033 030 ***150.00

DOCUMENT # 607765

1. Entity Name

R.L. BARNES CO., INC.

Principal Place of Business

3353 HWY 92 EAST
LAKE LAMP FL 33801
US

Mailing Address

1590 N LAKESHIPP DRIVE SW
WINTER HAVEN FL 33880
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 59-1884630

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

BARNES, LIZ P
1590 NO LAKE SHIPP DR
WINTER HAVEN FL 33880

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	TV	<input type="checkbox"/> Delete
NAME	BARNES, ROBERT L	
STREET ADDRESS	1590 N LAKE SHIPP DR	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	BARNES, LIZ P	
STREET ADDRESS	1590 N LAKESHIPP DR	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	JESSOP, LINDA M	
STREET ADDRESS	1119 BURRISDRIDGE DR	
CITY-ST-ZIP	LAKE LAND FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MCNAIR, HUBERT	
STREET ADDRESS	2588 SUN ACRES BLVD	
CITY-ST-ZIP	AUBURNDAL FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 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:

Linda M. Jessop Linda M. Jessop

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/04/01

Date

863-665-0040

Daytime Phone #

CR2E034 (10/00)