

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90144 014 ***150.00

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DOCUMENT # 690855

1. Entity Name
STEVE BARNETT, INC.



Principal Place of Business
5555 S US #1
PO BOX 908 12130
FT PIERCE FL 34954

Mailing Address
5555 S US #1
PO BOX 908
FT PIERCE FL 34954



2. Principal Place of Business

5555 S US #1

Suite, Apt. #, etc.

PO BOX 12130

City & State

FT. Pierce

Zip

FI

Country

34979

3. Mailing Address

P.O. Box 12130

Suite, Apt. #, etc.

City & State

FT. Pierce, FI

Zip

34979

Country

USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2094498**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BARNETT, STEVEN
5555 S US #1
FORT PIERCE FL 33450

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE **DP** ☐ Delete
NAME **BARNETT, STEVEN**
STREET ADDRESS **5555 S US #1**
CITY-ST-ZIP **FT PIERCE FL 34982-7371**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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:

SIGNATURE REQUESTED L BARNETT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pres

4/2/03

Date

772 461 6060

Daytime Phone #

CR2E034 (10/02)