

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 10, 2003 8:00 am**  
**Secretary of State**

03-10-2003 90133 029 \*\*\*150.00

**DOCUMENT # F00000000309**

**1. Entity Name**  
**BRF BARRETT INC**



**Principal Place of Business**  
626 ALEIDA DRIVE  
ST. AUGUSTINE FL 32086

**Mailing Address**  
626 ALEIDA DRIVE  
ST. AUGUSTINE FL 32086

**2. Principal Place of Business**

1841 FOROUGH CIR.

**3. Mailing Address**

1841 FOROUGH CIR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**

PORT ORANGE, FL

**City & State**

PORT ORANGE, FL

**Zip**

32128

**Country**

USA

**Zip**

32128

**Country**

USA



☒ CHECK HERE IF MAKING CHANGES

**4. FEI Number**

58-2136302

**Applied For**

☐ Not Applicable

**5. Certificate of Status Desired**

☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

FREEMAN, BARRETT R

~~626 ALEIDA DRIVE~~ 1841 FOROUGH CIR.  
~~ST. AUGUSTINE FL 32086~~ PORT ORANGE, FL 32128

**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** P ☐ Delete  
**NAME** FREEMAN, BARRET R  
**STREET ADDRESS** 626 ALEIDA DRIVE  
**CITY-ST-ZIP** ST. AUGUSTINE FL 32086

**TITLE** V ☐ Delete  
**NAME** FREEMAN, STACI  
**STREET ADDRESS** 626 ALEIDA DRIVE  
**CITY-ST-ZIP** ST. AUGUSTINE FL 32086

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** ☒ Change ☐ Addition  
**NAME** 1841 FOROUGH CIR.  
**STREET ADDRESS** PORT ORANGE, FL  
**CITY-ST-ZIP** 32128

**TITLE** ☒ Change ☐ Addition  
**NAME** 1841 FOROUGH CIR.  
**STREET ADDRESS** PORT ORANGE, FL  
**CITY-ST-ZIP** 32128

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

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**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:**

*Stacy Freeman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-03

Date

386-761-3570  
Daytime Phone #

CR2E034 (10/02)