2001 UNIFORM BUSINESS REPORT (UBR)

Apr 19, 2001 8:00 am Secretary of State **DOCUMENT # F81608** BARNETT FINANCIAL SERVICES, INC. 04-19-2001 90055 048 ***150.00 Principal Place of Business Mailing Address 2829 EXCHANGE COURT 2829 EXCHANGE COURT WEST PALM BCH FL 33409 WEST PALM BCH FL 33409 C0048753 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2188607 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent _ALEXANDER, LARRY B Street Address (P.O. Box Number is Not Acceptable) 601 FLAGLER DRIVE COURT, P.O. DRAWER E WEST PALM BEACH FL 33402 City 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible **\$5.00** May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ☐ Change Addition CR2E034 (10/00) BARNETT, DANA D NAME NAME STREET ADDRESS STREET ADDRESS 2829 EXCHAGNE COURT CITY-ST-ZIP CITY-ST-ZIP W PALM BCH FL TITLE ☐ Delete TITLE Addition BARNETT, DANA NAME NAME STREET ADDRESS 2829 EXCHANGE CT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WPB FL ☐ Delete ☐ Addition NAME > BARNETT, DANA D NAME STREET ADDRESS 2829 EXCHANGE COURT STREET ADDRESS CITY-ST-ZIP 5 CITY-ST#ZIP W PALM BCH FL TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 ceport is officer or director of the corporation or the receiver or trastee employered to be dute 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

4/12/01 521-686-333

Daytime Phone #