

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000003897

1. Entity Name

**BARRIER SYSTEMS, INC.**

Principal Place of Business

1100 EAST WILLIAM STREET. #206  
CARSON CITY NV 89701

Mailing Address

1100 EAST WILLIAM STREET. #206  
CARSON CITY NV 89701-3104

2. Principal Place of Business

**Rio Vista**

Suite, Apt. #, etc.

3. Mailing Address

**180 River Road**

Suite, Apt. #, etc.

City & State

**Rio Vista, CA**

City & State

**Rio Vista,**

Zip

**94571**

Country

**USA**

Zip

**94571**

Country

**USA**

4. FEI Number

**68-0023098**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

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, 2000 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 **PCD** ☐ Delete

NAME **DUCKETT, JOHN W**  
STREET ADDRESS **4901 NUMAGA PASS**  
CITY-ST-ZIP **CARSON CITY NV 89701**

TITLE **D** ☐ Delete

NAME **WOOD, EDWIN M**  
STREET ADDRESS **570 CHICO COURT**  
CITY-ST-ZIP **INCLINE VILLAGE NV 89450-4840**

TITLE **STD** ☐ Delete

NAME **O'CONNELL, THOMAS C JR.**  
STREET ADDRESS **17600 HWY. 238**  
CITY-ST-ZIP **GRANTS PASS OR 97527**

TITLE **VP D** ☐ Delete

NAME **REED, WILLIAM G**  
STREET ADDRESS **935 BLEMER ROAD**  
CITY-ST-ZIP **DANVILLE CA 94526**

TITLE **D** ☐ Delete

NAME **SLADEK, RICHARD**  
STREET ADDRESS **2461 SOUTHVIEW DRIVE**  
CITY-ST-ZIP **ALAMO CA 94507**

TITLE **CFO** ☐ Delete

NAME **SANDERS, CHRIS**  
STREET ADDRESS **180 RIVER ROAD**  
CITY-ST-ZIP **RIO VISTA CA 94571**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CCEO** ☒ Change ☐ Addition

NAME **DUCKETT, JOHN W**  
STREET ADDRESS **4901 NUMAGA PASS**  
CITY-ST-ZIP **CARSON CITY, NV 89701**

TITLE **VPD** ☒ Change ☐ Addition

NAME **WOOD, EDWIN M**  
STREET ADDRESS **570 CHICO COURT**  
CITY-ST-ZIP **INCLINE VILLAGE, NV 89450-4840**

TITLE ☐ Change ☐ Addition

NAME **REED, WILLIAM G**  
STREET ADDRESS **935 BLEMER ROAD**  
CITY-ST-ZIP **DANVILLE, CA 94526**

TITLE ☐ Change ☐ Addition

NAME ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

NAME ☐ 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 #

**FILED**  
**Apr 17, 2000 8:00 am**  
**Secretary of State**

04-17-2000 90116 050 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR 0012 0011