

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 11, 2001 8:00 am**  
**Secretary of State**

05-11-2001 90075 041 \*\*\*158.75

**DOCUMENT # F93000004139**

1. Entity Name

**BARNETT BRASS OF FLORIDA INC.**

Principal Place of Business

**3333 LENOX AVENUE  
 JACKSONVILLE FL 32254  
 US**

Mailing Address

**P.O. BOX 2317  
 JACKSONVILLE FL 32203  
 US**

**80049610**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**59-1380437**

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, 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

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>ADELMAN, SHELDON</b>	
STREET ADDRESS	<b>24460 AURORA RD</b>	
CITY-ST-ZIP	<b>BEDFORD HTS OH</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>WEISS, MORRY</b>	
STREET ADDRESS	<b>24460 AURORA RD</b>	
CITY-ST-ZIP	<b>BEDFORD HTS OH</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>WAXMAN, ARMOND</b>	
STREET ADDRESS	<b>24460 AURORA ROAD</b>	
CITY-ST-ZIP	<b>BEDFORD HEIGHTS OH</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>WAXMAN, MELVIN</b>	
STREET ADDRESS	<b>24460 AURORA ROAD</b>	
CITY-ST-ZIP	<b>BEDFORD HEIGHTS OH 44146</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>LUIGA, ANDREA M</b>	
STREET ADDRESS	<b>3333 LENOX AVE.</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>PRAY, WILLIAM R</b>	
STREET ADDRESS	<b>3333 LENOX AVE</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32254</b>	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/27/01*

Date

Daytime Phone #

CR2E034 (10/00)