

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000003962

1. Entity Name

BARNES INSURANCE SERVICES, INC.

**FILED**  
**Feb 07, 2000 8:00 am**  
**Secretary of State**

02-07-2000 90028 020 \*\*\*150.00

Principal Place of Business  
323 N. FEDERAL HWY., STE. C  
BOYNTON BEACH FL 33435

Mailing Address  
8852 N 154TH ROAD  
PALM BEACH GARDENS FL 33418-7311



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
3003 S Congress Ave  
Suite, Apt. #, etc.  
Suite 1-D

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Lake Worth, FL

City & State

4. FEI Number 65-0791459

Applied For  
Not Applicable

Zip  
33461

Country  
USA

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BARNES, JAMES T JR.  
323 N. FEDERAL HWY. #C  
BOYNTON BEACH FL 33435

Name  
Barnes, James T. Jr.  
Street Address (P.O. Box Numbers Not Acceptable)  
3003 S Congress Ave  
Suite 1-D  
City  
Lake Worth  
FL  
Zip Code  
33461

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CPST  
BARNES, JAMES T JR.  
8825 N. 154TH RD.  
PALM BEACH GARDENS FL 33418

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

TITLE  
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☐ Delete

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CITY-ST-ZIP  
☐ 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

2/2/00

Date

Daytime Phone #

561-967-5229

CR2E034 (9/99)