

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2001 8:00 am
Secretary of State

02-03-2001 90040 008 ***150.00

DOCUMENT # H46775

1. Entity Name
FREEMAN W. BARNER, JR., P.A.

Principal Place of Business 631 U S HWY ONE STE 410 P O BOX 14036 N PALM BCH. FL 33408	Mailing Address 631 U S HWY ONE STE 410 P O BOX 14036 N PALM BCH. FL 33408
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C0016244



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 8954 LAKES BOULEVARD	3. Mailing Address 8954 LAKES BOULEVARD
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State West Palm Beach, Fl.	City & State West Palm Beach, Fl.	4. FEI Number 59-2508199	Applied For <input type="checkbox"/> Not Applicable
Zip 33412	Country USA	Zip 33412	Country USA
5. Certificate of Status Desired <input type="checkbox"/>		-\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BARNER, FREEMAN W. JR. 631 U S HWY ONE STE 410 N PALM BCH. FL 33408	7. Name and Address of New Registered Agent (New Address) Name Freeman W. Barner, Jr. Street Address (P.O. Box Number is Not Acceptable) 8954 Lakes Boulevard City West Palm Beach, FL Zip Code 33412
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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]* DATE: **1/25/2001**

Signatures, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD BARNER, FREEMAN W. JR. 631 US HWY. 1, SUITE 410 NORTH PALM BEACH FL 33408 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8954 Lakes Boulevard West Palm Beach, Fl. 33412
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 those empowered.

SIGNATURE: *[Signature]* **FREEMAN W. BARNER, JR.** DATE: **1/25/2001** DAYTIME PHONE #: **(561) 627-5000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)