

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H68745

1. Entity Name

BARRY AND CHARLOTTE, INC.

Principal Place of Business

Mailing Address

1340 PALM BAY RD.N.E.  
PALM BAY FL 32905

1340 PALM BAY RD.N.E.  
PALM BAY FL 32905-3837

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2555648

Applied For

Not Applicable

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME COLE, BARRY H.  
STREET ADDRESS 3661 CARRIAGE GATE DR  
CITY-ST-ZIP WEST MELBOURNE FL



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



TITLE ST  
NAME COLE, CHARLOTTE  
STREET ADDRESS 3661 CARRIAGE GATE DR  
CITY-ST-ZIP WEST MELBOURNE FL



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



TITLE  
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CITY-ST-ZIP



TITLE  
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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Charlotte Cole*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-2-00

Date

321-727-1811

Daytime Phone #