

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State
 05-06-2002 90266 023 ***158.75

DOCUMENT # H84604

1. Entity Name

BARBARA CARPENTER, LTD., INC.

Principal Place of Business

**260 WEST MAIN
 BLUE RIDGE GA 30513**

Mailing Address

**P O BOX 210
 BLUE RIDGE GA 30513
 US**

2. Principal Place of Business

260 West Main
 Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 210
 Suite, Apt. #, etc.

City & State

Blue Ridge GA.

City & State

Blue Ridge GA.

Zip

30513

Country

USA

Zip

30513

Country

USA

4. FEI Number

59-2643944

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ZIEGLER, ROBERT E.
 800 EAST BROWARD BOULEVARD
 700 CUMBERLAND BUILDING
 FORT LAUDERDALE FL 33301**

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 **BARBARA CARPENTER**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

4/12/02

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, 2002 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 **PTD** ☐ Delete
 NAME **CARPENTER, BARBARA**
 STREET ADDRESS **P O BOX 210 NA**
 CITY-ST-ZIP **BLUE RIDGE GA**

TITLE **T** ☐ Delete
 NAME **CARPENTER, BARBARA**
 STREET ADDRESS **P O BOX 210 NA**
 CITY-ST-ZIP **BLUE RIDGE GA**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
 NAME
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 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 REQUIRED Barbara Carpenter**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/12/02

CR2E034 (9/01)