

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2003 8:00 am**  
**Secretary of State**

04-17-2003 90645 023 \*\*\*158.75

0626187 AT

**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 W. main**  
Suite, Apt. #, etc.

3. Mailing Address  
**P.O. Box 210**  
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**Blue Ridge, GA**  
Zip  
**30513**  
Country  
**FANNIN**

City & State  
**Blue Ridge, GA**  
Zip  
**30513**  
Country  
**FANNIN**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PTD CARPENTER, BARBARA P O BOX 210 NA BLUE RIDGE GA</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T CARPENTER, BARBARA P O BOX 210 NA BLUE RIDGE GA</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **BARBARA CARPENTER** *Barbara Carpenter* 4/15/03 706 632-480  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)