

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H90908

1. Entity Name

BARRETT-HARDING ASSOCIATES, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90069 047 ***150.00

Principal Place of Business

8726 SR 54
S-B
NEW PORT RICHEY FL 34653

Mailing Address

P O BOX 887
S-B
ELFERS FL 34668-3401
US

2. Principal Place of Business

10014 Grove Dr.

Suite, Apt. #, etc.

3. Mailing Address

10014 Grove Dr.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Port Richey, FL

Zip

34668

Country

PASLO

City & State

Port Richey, FL

Zip

34668

Country

PASLO

4. FEI Number

59-2665357

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BARRETT, SUSAN
8726 SR 54
NEW PORT RICHEY FL 34653

7. Name and Address of New Registered Agent

Name

Susan Barrett

Street Address (P.O. Box Number is Not Acceptable)

10014 Grove Dr.

City

Port Richey

FL

Zip Code

34668

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

Susan Barrett

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	BARRETT, SUSAN	
STREET ADDRESS	4911 NEW ENGLAND	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	STDV	<input type="checkbox"/> Delete
NAME	HARDING, LORI	
STREET ADDRESS	14027 ANGLE DR	
CITY-ST-ZIP	HUDSON FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Pres.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Susan Barrett	
STREET ADDRESS	12605 Clock Tower Parkway	
CITY-ST-ZIP	HUDSON, FL. 34667	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Susan Barrett
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/00
Date

727-863-1149
Daytime Phone #

CR2E034 (9/99)