

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90467 042 ***150.00

0050157 AV

DOCUMENT # H95258

1. Entity Name

RODNEY BARNES HEATING & AIR CONDITIONING, INC.

Principal Place of Business

C/O CARL RODNEY BARNES
 605 E. 5TH STREET
 LYNN HAVEN FL 32444

Mailing Address

C/O CARL RODNEY BARNES
 605 E. 5TH STREET
 LYNN HAVEN FL 32444

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

59-2591315

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

BARNES, CARL RODNEY
605 E. 5TH STREET
LYNN HAVEN FL 32444

7. Name and Address of New Registered Agent

Name

Jeffery Lee Barnes

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

308 Indiana Ave

City

Lynn Haven

FL

Zip Code

32444

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

Jeffery Lee Barnes

4-3-02

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, 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	PD	<input type="checkbox"/> Delete
NAME	BARNES, CARL RODNEY	
STREET ADDRESS	605 E. 5TH ST.	
CITY-ST-ZIP	LYNN HAVEN FL	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	BARNES, CARL THOMAS	
STREET ADDRESS	605 E 5 STR	
CITY-ST-ZIP	LYNN HAVEN FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	BARNES, JEFFERY LEE	
STREET ADDRESS	918 ILLINOIS AVE	
CITY-ST-ZIP	LYNN HAVEN 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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jeffery Lee Barnes	
STREET ADDRESS	308 Indiana Ave.	
CITY-ST-ZIP	Lynn Haven, FL 32444	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Carl Rodney Barnes	
STREET ADDRESS	605 E. 5th St.	
CITY-ST-ZIP	Lynn Haven, FL 32444	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Susan Marie Barnes	
STREET ADDRESS	308 Indiana Ave	
CITY-ST-ZIP	Lynn Haven FL 32444	
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 M. Barnes **Susan M. Barnes**

April 2, 2002

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

CR2E034 (9/01)