2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2001 8:00 am
Secretary of State
05-01-2001 90005 028 ***150.00

0379233

DOCUMENT # J22174

1. Entity Name
GARY W. BARRICK, P.A.

Principal Place of Business	Mailing Address
5410 S FLORIDA AVE SUITE 1 LAKELAND FL 33813 US	5410 S FLORIDA AVE SUITE 1 LAKELAND FL 33813 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5300 South Florida Avenue	5300 South Florida Avenue
Suite, Apt. #, etc.: Suite B	Suite, Apt. #, etc.: Suite B
City & State: ~~Lakeland, Florida~~	City & State: ~~Lakeland, FL~~
Zip: 33813 Country: US	Zip: 33813 Country: US

4. FEI Number 59-2688785 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BARRICK, GARY W.
5410 S. FLORIDA AVE.
LAKELAND FL 33803

7. Name and Address of New Registered Agent

Name: GARY W. BARRICK
Street Address (P.O. Box Number is Not Acceptable): 5300 South Florida Avenue, SUITE B
City: Lakeland, FL Zip Code: 33813

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, 2001 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	PSTD ☐ Delete	TITLE	PSTD ☒ XX Change ☐ Addition
NAME	BARRICK, GARY W.	NAME	Barrick, Gary W.
STREET ADDRESS	5410 S FLORIDA AVE, STE 1	STREET ADDRESS	5300 South Florida Avenue, Suite B
CITY-ST-ZIP	LAKELAND FL	CITY-ST-ZIP	Lakeland, FL 33813
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (10/00)

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: Gary W. Barrick 3/25/01 863-646-2951
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #