

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J28589

1. Entity Name

BARTERBANC AMERICA, INC.

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90003 034 ***150.00

Principal Place of Business

Mailing Address

~~10300 MERGER LANE~~
~~PENSACOLA FL 32514~~

~~10300 MERGER LANE~~
~~PENSACOLA FL 32514-1560~~

2. Principal Place of Business

3. Mailing Address

304 Mount Airy St.
Cantonment, FL 32533

Suite 304 Mount Airy St.
Cantonment, FL 32533

City & State

City & State

4. FEI Number

59-2990760

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BEARD, JOYCE
~~10300 MERGER LANE~~
~~PENSACOLA FL 32514~~

Name Joyce B. Beard
Street A 304 Mount Airy St.
Cantonment, FL 32533

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 *Joyce Beard*

Joyce B. Beard

4-29-2000

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Delete
NAME BEARD, JOYCE
STREET ADDRESS 10300 MERGER LANE
CITY-ST-ZIP PENSACOLA FL

TITLE PD ☒ Change ☐ Addition
NAME Joyce B. Beard
STREET ADDRESS 304 Mount Airy St.
CITY-ST-ZIP Cantonment, FL 32533

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *Joyce Beard* Joyce B. Beard

4-29-2000 850-477-3420

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)