

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **J48259**

1. Entity Name
THE BARNHILL CORPORATION

Principal Place of Business
**215 S. WOODLAND BLVD
DELAND FL 32721-3745
US**

Mailing Address
**215 S WOODLAND BLVD
DELAND FL 32724-
US**

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. **Suite, Apt. #, etc.**

City & State **City & State**

Zip **32721** Country **5. Certificate of Status Desired** **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SOETY, JOHN
215 S WOODLAND BLVD
DELAND FL 32724**

7. Name and Address of New Registered Agent

Name

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

City

FL Zip Code **32721**

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. **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** **\$5.00 May Be Added to Fees**
(See criteria on back) Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
P	SOETY, J J 827 LIVE OAK LN OVIEDO FL 32765	<input type="checkbox"/> Delete			
S	SOETY, CHRYSI 827 LIVE OAK LN OVIEDO FL 32765	<input type="checkbox"/> Delete			
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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, without other like empowered.

SIGNATURE:  REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
Mar 27, 2002 8:00 am
Secretary of State

03-27-2002 90017 024 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)

3/13/02

Date

Daytime Phone #