

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J62948

1. Entity Name

BARROW'S CARPENTRY INC

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90030 013 ***150.00

Principal Place of Business

Mailing Address

C/O JAMES STRONG
5935 HENSEL ROAD
PORT ORANGE FL 32127-5812

C/O JAMES STRONG
5935 HENSEL ROAD
PORT ORANGE FL 32127-5812



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2782782**

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

BARROWS, RONALD G
5935 HENSEL RD
PORT ORANGE FL 32127

Name

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

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

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	P	<input type="checkbox"/> Delete
NAME	BARROW, RONALD G.	
STREET ADDRESS	5935 HENSEL RD.	
CITY-ST-ZIP	PORT ORANGE FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BARROW, RONALD G.	
STREET ADDRESS	5935 HENSEL ROAD	
CITY-ST-ZIP	PORT ORANGE FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	STRONG, JAMES	
STREET ADDRESS	5560 SO NOVA RD	
CITY-ST-ZIP	DAYTONA BCH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-24-2000

Date

904-756-4070

Daytime Phone #

CR2E034 (9/99)