

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K05701

1. Entity Name

D.V. BARNES, INC.

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90245 028 ***150.00

Principal Place of Business

Mailing Address

% DALE BARNES
4111 MAVERICK
SARASOTA FL 34233

% DALE BARNES
4111 MAVERICK
SARASOTA FL 34233-1548



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4701 HAROLD AVE

Suite, Apt. #, etc.

3. Mailing Address

4701 HAROLD AVE

Suite, Apt. #, etc.

City & State

SARASOTA, FL

Zip

34235

Country

City & State

SARASOTA, FL

Zip

34235

Country

4. FEI Number

65-0014852

Applied For

Not Applicable

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

BARNES, DALE

4111 MAVERICK

SARASOTA FL 34233

See above

Name

BARNES DALE

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

4701 HAROLD AVE

City

SARASOTA

FL

Zip Code

34235

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 PD
NAME BARNES, DALE
STREET ADDRESS 4111 MAVERICK
CITY-ST-ZIP SARASOTA FL

☐ Delete

TITLE STD
NAME BARNES, VALERIE
STREET ADDRESS 4111 MAVERICK
CITY-ST-ZIP SARASOTA FL

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☐ Change ☐ Addition

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

VALERIE BARNES

Date

4-12-00

Daytime Phone #

941-358-9171

CR2E034 (9/99)