## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## K97168 **DOCUMENT #**

1. Entity Name DONNA BARFIELD P.A.



Principal Place of Business 319 HIBISCUS STREET

Mailing Address 319 HIBISCUS STREET

## **FILED** Apr 23, 2003 8:00 am Secretary of State

04-23-2003 90274 015 \*\*\*150.00

US		US	WEST PALM BEACH FL 33401 US												
2. Principal Place of Business		3. Mailin	3. Mailing Address				Į,					())	I BHARI BABAR I	Ш	
Suite, Apt. #, etc.		Suite	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES								
City & State			City 8	City & State			4.	FEI N	umber 59	-28409	16		<del></del>	Applied Fo	
Zip		Country	Zip	Zip Country			5.	Not Applicable  5. Certificate of Status Desired Fee Required							able
	6. Name a	and Address of Curre	nt Registered	Agent				7. Name and Address of New Registered Agent							
or Hambard Address of Gallett Hagisteres Agent						Name		11421110			witegist	CICC 7	gem		
BARFIELD, DONNA S					L	•									
	CUS STREE	Т				Street Address (P.O.			P.O. Box Number is Not Acceptable)						
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WEST PAI	LM DEACH F	L SSAOI													
						City		FL   <sup>z</sup>					Zip Co	ip Code	
8. The above the obligat	named entity tions of registe	submits this statement red agent.	for the purpo	se of changing its	registered	l office or re	egistered a	gent, o	r both, in th	e State of	f Florida.	I am fa	amiliar with	, and acc	ept
SIGNATURE .	Signature, typed or	printed name of registered age	nt and title if applic	able. (NOTE:	: Registered	Agent signature r	required when	reinstating	g)			DATE	<del></del>		Ì
FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State					<del></del>		9.	Election C			ng 🗆		00 May E		
10. 🐪	OFFICERS AND DIRECTORS 1			. 11.		Α	DDITIC	NS/CHAN	GES TO (	OFFICER	S AND	DIRECTO	RS IN 11		
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

J61.650.8139