

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2003 8:00 am
Secretary of State

02-05-2003 90024 016 ****50.00

DOCUMENT # L00000000924

1. Entity Name

BARRETT EQUITIES, L.L.C.



Principal Place of Business

**10525 GULFSHORE DRIVE # 211
NAPLES FL 34108**

Mailing Address

**HC 62 BOX 1182
FALLSDALE ROAD
HONESDALE PA 18431**

2. Principal Place of Business

10420 GULFSHORE DRIVE

3. Mailing Address

Suite, Apt. #, etc.

114

Suite, Apt. #, etc.

City & State

NAPLES, FL

City & State

Zip

34108

Country

USA

Zip

Country

4. FEI Number **58-2520808**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GRANT, FRIDKIN, PEARSON, ATHAN & CROWN
C/O TODD L. BRADLEY ESQ.
5551 RIDGEWOOD DRIVE, SUITE 501
NAPLES FL 34108**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
BARRETT, SARA F
10525 GULFSHORE DR. #211
NAPLES FL 34108** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
BARRETT, RICHARD R
HC 62 BOX 1182 FALLSDALE RD.
HONESDALE PA 18431** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
JONES, CONSTANCE B
7033 CEDAR ST.
CHAGRIN FALLS OH 44022** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
ANDERSON, JANE A
2633 LYDIA AVE.
BATON ROUGE LA 70808** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

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

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Signature Required

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/31/03

Date

570/729-0500

Daytime Phone #

CR2E083 (10/02)