

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90152 039 ***150.00

DOCUMENT # L73499

1. Entity Name

MARTIN D. BARRINGER, INC.

Principal Place of Business

Mailing Address

4582 DEER CREEK BLVD
 SARASOTA FL 34238

4582 DEER CREEK BLVD
 SARASOTA FL 34229-9238

2. Principal Place of Business

3. Mailing Address

533 Mac Ewen Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Osprey FL

4. FEI Number

56-0949722

Applied For

Not Applicable

Zip

Country

Zip

34229

Country

Sarasota

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

**BARRINGER, MARTIN D.
 4582 DEER CREEK BLVD
 SARASOTA FL 34238**

Name

Same

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

533 Mac Ewen Dr.

City

Osprey

FL

Zip Code

34229

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 NAME STREET ADDRESS CITY-ST-ZIP	D BARRINGER, MARTIN D. 4582 DEER CREEK BLVD SARASOTA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARRINGER, JOANN W. 4582 DEER CREEK BLVD SARASOTA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	533 Mac Ewen Dr Osprey FL 34229	<input checked="" type="checkbox"/> Change Address <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	533 Mac Ewen Dr Osprey FL 34229	<input checked="" type="checkbox"/> Change Address <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Joann W Barringer, Sec.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/2000 (941) 918 1749
 Date Daytime Phone #