

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90085 004 ***150.00

DOCUMENT # L73499

1. Entity Name
MARTIN D. BARRINGER, INC.

Principal Place of Business

Mailing Address

~~4982 DEER CREEK BLVD~~
~~SARASOTA FL 34238~~

533 MAC EWEN DR
OSPREY FL 34229

Change

2. Principal Place of Business

3. Mailing Address

533 Mac Ewen Dr.

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Osprey FL

Zip

Country

Zip

Country

34229

4. FEI Number **56-0949722**

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

BARRINGER, MARTIN D.
533 MAC EWEN DR
OSPREY FL 34229

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 **MARTIN BARRINGER**
Martin Barringer, Pres.

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, 2001 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 ☐ Delete
NAME **D**
STREET ADDRESS **BARRINGER, MARTIN D.**
CITY-ST-ZIP **533 MAC EWEN DR**
OSPREY FL 34229

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **BARRINGER, JOANN W.**
CITY-ST-ZIP **533 MAC EWEN DR**
OSPREY FL 34229

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *JoAnn W Barringer* Sec.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JoAnn W Barringer

Date **2/12/01** 941 918 1749
Daytime Phone #

0607809

CR2E034 (10/00)