


03-24-2003 90192 038 \*\*\*150.00

**FOR PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

37

**55026229**

DOCUMENT # **L83397**  
 1. Entity Name  
**High Barndollar Insurance Services** 

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
 Suite, Apt. #, etc. **BARNDOLLAR FINANCIAL SERVICES**  
**7622 CONGRESS ST.**

City & State  
**NEW PORT RICHEY, FL 34653**

Zip Country  
~~APT CHARLIE~~  
**← Same →** Country

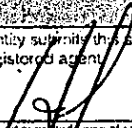
4. FEI Number Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent  
 Name: **High Barndollar**  
 Street Address (P.O. Box Number is Not Acceptable)  
**BARNDOLLAR FINANCIAL SERVICES**  
**7622 CONGRESS ST.**  
 City **NEW PORT RICHEY, FL 34653 FL** Zip Code

B. 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  DATE

January 1st Fee is \$150.00  
 After May 1st Fee is \$550.00  
 Amended UBR is \$61.25  
 Make Check Payable to Florida Department of State

(NOTE: Registered Agent signature not to be removed)

9. Election Campaign Financing  
 Trust Fund Contribution  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME
	<b>High Barndollar, Pres.</b>	<b>BARNDOLLAR FINANCIAL SERVICES</b>	<b>7622 CONGRESS ST.</b>		
		<b>NEW PORT RICHEY, FL 34653</b>	<b>APT CHARLIE</b>		
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME
	<b>Carol Barndollar, Treasurer</b>				
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME
	<b>BARNDOLLAR FINANCIAL SERVICES</b>	<b>7622 CONGRESS ST.</b>	<b>NEW PORT RICHEY, FL 34653</b>		
		<b>APT CHARLIE</b>			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME
	<b>Hugh B Barndollar, III</b>				
	<b>Vice President</b>				
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME
	<b>BARNDOLLAR FINANCIAL SERVICES</b>	<b>7622 CONGRESS ST.</b>	<b>NEW PORT RICHEY, FL 34653</b>		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 110.071(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 on an attachment with an address, with all other fax empowered.

SIGNATURE:  **Hugh Barndollar** DATE **4-8-03** Daytime Phone **727 8474414**

CR2E034B (12/02)