

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 12, 2002 8:00 am**  
**Secretary of State**

05-12-2002 90594 040 \*\*\*\*50.00

**DOCUMENT # L94000Q00182**

1. Entity Name

**BARRETT TECHNOLOGIES, L.C.**

Principal Place of Business

**11510 HERON HILLS LN  
RIVERVIEW FL 33569**

Mailing Address

**11510 HERON HILLS LN  
RIVERVIEW FL 33569**

2. Principal Place of Business

**34 Summit LN**

3. Mailing Address

**34 Summit LN**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Safety Harbor FL**

City & State

**Safety Harbor FL**

Zip

**34695**

Country

**Pinellas**

Zip

**34695**

Country

**Pinellas**

6. Name and Address of Current Registered Agent

**BARRETT, KENNETH W  
11510 HERON HILL LN  
RIVERVIEW FL 33569**

**34 Summit LN  
Safety Harbor, FL  
34695**

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.

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 Department of State  
Due By May 1, 2002**

9. MANAGING MEMBERS / MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
BARRETT, KENNETH W  
11510 HERON HILLS LN  
RIVERVIEW FL 33569** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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CITY-ST-ZIP  
☐ Delete

10. ADDITIONS / CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
BARRETT, Kenneth W.  
34 Summit LN  
34695** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Safety Harbor FL** ☐ Change ☐ Addition

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

TITLE  
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STREET ADDRESS  
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TITLE  
NAME  
STREET ADDRESS  
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:

*Kenneth W. Barrett*

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

**4/23/02 727-725-4953**

Date

Daytime Phone #

CR2E083 (9/01)