

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000002510

1. Entity Name

JAMES A. BARRIOS, P.L.

Principal Place of Business

6700 S. FLORIDA AVE., SUITE 9  
LAKELAND FL 33813

Mailing Address

P.O. BOX 5575  
LAKELAND FL 32807

2. Principal Place of Business

3. Mailing Address

310 EAST MAIN STREET

PO BOX 5575

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LAKELAND FL

City & State

LAKELAND, FL

Zip

33801

Country

USA

Zip

33807

Country

USA

4. FEI Number

59-3539974

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BARRIOS, JAMES A  
6700 SOUTH FLORIDA AVENUE, SUITE 9  
LAKELAND FL 33813-3310

7. Name and Address of New Registered Agent

Name

JAMES A. BARRIOS, ESQ.

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

310 EAST MAIN ST.

City

LAKELAND

FL

Zip Code

33813

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

*James A. Barrios*

9/11/2000

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

9. MANAGING MEMBERS/MANAGERS

|                                                |                                                                                          |                                            |
|------------------------------------------------|------------------------------------------------------------------------------------------|--------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>BARRIOS, JAMES A<br>6700 SOUTH FLORIDA AVENUE, SUITE 9<br>LAKELAND FL 33813-3310 | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                          | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                          | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                          | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                          | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                          | <input type="checkbox"/> Delete            |

10. ADDITIONS/CHANGES

|                                                |                                                                     |                                                                              |
|------------------------------------------------|---------------------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>JAMES A. BARRIOS<br>3033 CAROLINA AVE<br>LAKELAND, FL 33803 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | 6000003415796-0<br>-10/05/00--01114--023<br>*****55.00 *****55.00   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

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:

*James A. Barrios*

9/26/2000

863/687-2287

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (5/00)