

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 13, 2003 8:00 am**  
**Secretary of State**

02-13-2003 90238 004 \*\*\*158.75

**DOCUMENT # M56665**

1. Entity Name  
**S. BARKER & ASSOCIATES, INC.**



Principal Place of Business  
**425 CYPRESS LANE  
PALM SPRINGS FL 33461**

Mailing Address  
**425 CYPRESS LANE  
PALM SPRINGS FL 33461**

**CHANGE OF ADDRESS**

2. Principal Place of Business  
**2944 S.E. 50<sup>th</sup> Street**  
Suite, Apt. #, etc.

3. Mailing Address  
**2944 S.E. 50<sup>th</sup> Street**  
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State  
**Keystone Heights, FL**  
Zip  
**32656**  
Country  
**USA**

City & State  
**Keystone Heights, FL**  
Zip  
**32656**  
Country  
**USA**

4. FEI Number  
**59-2842402**

Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**BARKER, SUMPTER H.  
425 CYPRESS LANE  
PALM SPRINGS FL 33461**

**CHANGE OF ADDRESS**

**7. Name and Address of New Registered Agent**

Name  
**Sumpter, H. Barker**  
Street Address (P.O. Box Number is Not Acceptable)  
**2944 S.E. 50<sup>th</sup> Street**  
City  
**Keystone Heights** FL Zip Code  
**32656**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Sumpter H. Barker**  
Signature, typed or printed name of registered agent and title if applicable.

**February 11, 2003**  
DATE

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

**10. OFFICERS AND DIRECTORS**

TITLE  
**PTD** ☐ Delete  
NAME  
**BARKER, SUMPTER H.** **CHANGE OF**  
STREET ADDRESS  
**425 CYPRESS LANE**  
CITY-ST-ZIP  
**PALM SPRINGS FL 33461** **ADDRESS**

TITLE  
**SD** ☐ Delete  
NAME  
**BARKER, DONNA L.** **CHANGE OF**  
STREET ADDRESS  
**425 CYPRESS LANE**  
CITY-ST-ZIP  
**PALM SPRINGS FL 33461** **ADDRESS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
**PTP** ☒ Change ☐ Addition  
NAME  
**Barker, Sumpter H.**  
STREET ADDRESS  
**2944 S.E. 50<sup>th</sup> Street**  
CITY-ST-ZIP  
**Keystone Heights, FL 32656**

TITLE  
**SD** ☒ Change ☐ Addition  
NAME  
**Barker, Donna L.**  
STREET ADDRESS  
**2944 S.E. 50<sup>th</sup> Street**  
CITY-ST-ZIP  
**Keystone Heights, FL 32656**

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

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: **Sumpter H. Barker** **February 11, 2003** **(352) 475-3827**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)