

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90171 043 ***158.75

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DOCUMENT # P00000002339

1. Entity Name

KENNETH BARBER & ASSOCIATES, INCORPORATED

Principal Place of Business

**201 RIDGE ROAD
TALLAHASSEE FL 32310**

Mailing Address

**P.O. BOX 6364
TALLAHASSEE FL 32314-6364**

2. Principal Place of Business

2531 South Adams

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

Tallahassee, FL

Zip

32301

Country

USA

Zip

32301

Country

USA

4. FEI Number

59-3625720

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BARBER, KENNETH
201 RIDGE ROAD
TALLAHASSEE FL 32310**

7. Name and Address of New Registered Agent

Name

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

2531 South Adams

City

Tallahassee

FL

Zip Code

32301

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

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, 2002 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

TITLE	P	<input type="checkbox"/> Delete
NAME	BARBER, KENNETH L	
STREET ADDRESS	201 RIDGE ROAD	
CITY-ST-ZIP	TALLAHASSEE FL 32310	
TITLE	ED	<input type="checkbox"/> Delete
NAME	BARBER, KENTRYCE L	
STREET ADDRESS	201 RIDGE ROAD	
CITY-ST-ZIP	TALLAHASSEE FL 32310	
TITLE	D	<input type="checkbox"/> Delete
NAME	BARBER, KENI B	
STREET ADDRESS	201 RIDGE ROAD	
CITY-ST-ZIP	TALLAHASSEE FL 32310	
TITLE	DD	<input type="checkbox"/> Delete
NAME	BARBER, KENNETH L II	
STREET ADDRESS	201 RIDGE ROAD	
CITY-ST-ZIP	TALLAHASSEE FL 32310	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(l), 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:

Kenneth Barber

3-20-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)