

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000058881

1. Entity Name

LORIE S. BARBER, INC.

Principal Place of Business

918 WOODGATE TRAIL
LONGWOOD FL 32750

Mailing Address

918 WOODGATE TRAIL
LONGWOOD FL 32750

2. Principal Place of Business

Seminole CO

3. Mailing Address

918 WOODGATE TR

Suite, Apt. #, etc.

6

Suite, Apt. #, etc.

City & State

Longwood FL

City & State

Longwood FL

Zip

32750

Country

Seminole

Zip

32750

Country

Seminole

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

NA \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BARBER, LORIE S
918 WOODGATE TRAIL
LONGWOOD FL 32750

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

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 \$550.00
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

NA \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
D BARBER, LORIE S 918 WOODGATE TRAIL LONGWOOD FL 32750	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED (Lorie S Barber)

Date

Daytime Phone #

(321) 277-8436

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 SEP 25 PM 12:32



DO NOT WRITE IN THIS SPACE

0008897 AV

CR2E034 (5/01)

Lorie S. Barber, Inc
918 Woodgate Trail
Longwood FL 32750
09/20/01

To whom it may concern:

I'm requesting that the late fees be waived on my 2001 Uniform Business Report. My corporation was first established in 2000. There have been two deaths in my family this year and I have been overwhelmed with tasks of settling estates/grieving process. Please find enclosed money order for \$150.00 to reflect original filing fee. I appreciate your understanding in this matter.

Sincerely,


Lorie S. Barber, OTR/L Date 9/20/01