

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2001 8:00 am
Secretary of State

02-19-2001 90060 010 ***150.00

DOCUMENT # P00000066764

1. Entity Name

MCNULTY BARBER CONSULTING, INC.

Principal Place of Business

**3965 HENDERSON BLVD
TAMPA FL 33629**

Mailing Address

**3965 HENDERSON BLVD
TAMPA FL 33629**

2. Principal Place of Business

4230 S. MacDill Avenue

Suite, Apt. #, etc.

Suite 207

City & State

Tampa, FL

3. Mailing Address

4230 S. MacDill Avenue

Suite, Apt. #, etc.

Suite 207

City & State

Tampa, FL

Zip

33611

Country

Zip

33611

Country

4. FEI Number

59-3665382

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required -**

6. Name and Address of Current Registered Agent

BARBER, KAREN M

**3965 HENDERSON BLVD
TAMPA FL 33629**

7. Name and Address of New Registered Agent

Name

Barber, Karen M.

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

4230 S. MacDill Ave., Ste. 207

City

Tampa

FL

Zip Code

33611

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

Karen M. Barber

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2-14-01

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, 2001 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	D	<input type="checkbox"/> Delete
NAME	BARBER, KAREN M	
STREET ADDRESS	3965 HENDERSON BLVD	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Barber, Karen M.	
STREET ADDRESS	42305 MacDill Ave., Ste 207	
CITY-ST-ZIP	Tampa, FL 33611	
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)(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:

Karen M. Barber

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-14-01

Date

813-902-8860

Daytime Phone #

CR2E034 (10/00)