

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90149 039 \*\*\*150.00

DOCUMENT # PO1000023567  
1. Entity Name  
Barton Industries, Inc.

**DO NOT WRITE IN THIS SPACE**

**648362**

2. Principal Place of Business  
1325 SE 47th St.  
Suite, Apt. #, etc.  
Suite E

3. Mailing Address  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Cape Coral FL  
Zip  
33904 Country  
US

City & State  
Zip  
Country

4. FEI Number  
65-1080493  
Applied For  
Not Applicable

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

**DO NOT WRITE  
IN THIS SPACE**

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

Name  
Nanette M. Scoville  
Street Address (P.O. Box Number is Not Acceptable)  
1304 SE 21st Ter.  
City  
Cape Coral **FL** Zip Code  
33990

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 Nanette M. Scoville 4/29/02  
Signature, typed or printed name of registered agent and title if applicable. (NO ILL: Registered Agent signature required when reinstating) DAYL

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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 NAME STREET ADDRESS CITY - ST - ZIP	<u>PRESIDENT BRUCE B. SCOVILLE, SR. 1304 SE 21ST TERR. CAPE CORAL, FL 33990</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>VICE PRESIDENT NANETTE M. SCOVILLE 1304 SE 21ST TERR. CAPE CORAL, FL 33990</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Nanette M. Scoville 4/29/02 239-540-1700  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)