

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

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90157 032 ***150.00

DOCUMENT # **P01 000036367**

1. Entity Name
**BARBIERI INSURANCE
SERVICES INC.**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

205 Indian Grove Dr.
Suite, Apt. #, etc.

3. Mailing Address

PO Box 467
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
STUART FLA

City & State
Jensen Beach

4. FEI Number
651099032

Applied For
Not Applicable

Zip
34994 Country
USA

Zip
34958 Country
USA

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
Jerome L. Barbieri

Street Address (P.O. Box Number is Not Acceptable)
2221 SW DOVE CANYON WAY

City
PALM CITY FL 34990

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 **Jerome L. Barbieri President** **4-14-2002**
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) ☒

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
President
Jerome L. Barbieri
2221 SW Dove Canyon Way
Palm City FLA 34990

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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)(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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Jerome L. Barbieri**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Jerome L. Barbieri

4-14-2002 **772-288-1000**
Date Daytime Phone #

CR2E034B (12/01)