

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90029 046 ***150.00

DOCUMENT # P01000040977

1. Entity Name
BARBARA BRANDON SCHWARTZ, P.A.

Principal Place of Business 500 NE 8TH AVE Ocala FL 34471	Mailing Address 500 NE 8TH AVE Ocala FL 34471
--	--

838841



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2206 SE 3rd Ave Suite, Apt. #, etc. <i>N/A</i>	3. Mailing Address 2206 SE 3rd Ave Suite, Apt. #, etc. <i>N/A</i>
City & State OCALA FL	City & State OCALA FL
Zip 34471 Country USA	Zip 34471 Country USA

4. FEI Number 59-3722986	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
FUTCH, R. WILLIAM
~~500 NE 8TH AVE~~
OCALA FL 34471

7. Name and Address of New Registered Agent
 Name
 Street Address (R.O. Box Number is Not Acceptable)
610 SE 17th Street
 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]* **R. William Futch** **1/11/02**
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 NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete SCHWARTZ, BARBARA B 1797 SE 89TH LANE OCALA FL 34480 <i>Address Change -></i>
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	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition BARBARA SCHWARTZ, BARBARA B 3827 NE 17th Street Circle OCALA FL 34470-4938
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]* **BARBARA BRANDON SCHWARTZ** **352 622 9339**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 04/16/02 Daytime Phone #

CR2E034 (9/01)