FILED

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

Jul 15, 2003 8:00 am **Secretary of State** P01000055576 DOCUMENT # 02-11-2003 90073 034 ***150.00 1. Entity Name BARKER AND BARKER, P.A. Principal Place of Business Mailing Address 22021226 817 NORTH MAIN STREET 817-NÖRTH MAIN STREET JACKSONVILLE FL 32202 JACKSONVILLE_FL_32202 2. Principal Place of Business TAMY ST Johns Aven 3. Mailing Address Suite, Apt. #_etc ☐ CHECK HERE IF MAKING CHANGES City & State Applied For 59-3726942 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BARKER, MICHAEL J Street Address 817 NORTH-MAIN STREET JACKSONVILLE FL 32202 Jacksonvill シバ 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or of inted name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be After September 10, 2003 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete ☐ Addition TITLE BARKER, MICHAEL J NAME NAME STE WORTH MAIN STREET 4244 ST JOHNS A. STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 92202 Jackson wile fr CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition Addition TITLE TITLE Lauren F. Borker NAME NAME 4244 St. Johns Avonva STREET ADDRESS STREET ADDRESS Jackson-Me of CITY-ST-ZIP CITY-ST-7IP TITLE TITLE ☐ Delete ☐ Change Addition NAME ---STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Change ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE [] Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 10 or Block 11 if

changed, or on an attachment with an address, with all other like empowered. SIGNATURE:

lbarker@barker-law.com

July 14, 2003

Sent via FedEx

FL Dept of State
Division of Corporations
Uniform Business Report Filings
PO Box 1500
Tallahassee, FL 32302-1500

RE: Uniform Business Report

To Whom It May Concern:

Please find enclosed our 2003 Uniform Business Report. Please note that this was originally sent back on February 9, 2003 and was then returned to our office in March to make a change to the registered agent from a corporation to an individual. This was returned to your office before the end of March. However, pursuant to my phone conversation with your office this morning, I understand that you never received the updated change. Also note that check #1620 in the amount of \$150.00 cleared our bank on February 9, 2003. Therefore, it is my understanding no further payment is due at this time.

If you should have any questions, please do not hesitate to contact me.

Sincerely

Lauren F. Barker, Esq.

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Enclosures as stated herein.

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