

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90310 001 ***450.00

0516967 AV

DOCUMENT # P01000083515

1. Entity Name
BARKER LAW OFFICE, P.A.



Principal Place of Business
**12734 KENWOOD LN., #5
FT. MYERS FL 33907**

Mailing Address
**12734 KENWOOD LN., #5
FT. MYERS FL 33907**



2. Principal Place of Business
227 SW 21ST ST
Suite, Apt. #, etc.

3. Mailing Address
P.O. DRAWAL 159
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
CAPE CORAL FL
Zip
33991
Country
USA

City & State
FORT MYERS, FL
Zip
33902
Country
USA

4. FEI Number **65-1132473**
Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BARKER, RICHARD SCOTT
12734 KENWOOD LN., #5
FT. MYERS FL 33907**

Name
BARKER, RICHARD SCOTT
Street Address (P.O. Box Number is Not Acceptable)
227 SW 21ST ST
City
CAPE CORAL FL Zip Code
33991

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 printed name of registered agent and title if applicable.

RICHARD SCOTT BARKER

4/20/03

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D BARKER, RICHARD SCOTT
12734 KENWOOD LN., #5
FT. MYERS FL 33907 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PSD BARKER, RICHARD SCOTT
227 SW 21ST ST
CAPE CORAL, FL 33991 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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 recipient 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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD SCOTT BARKER

4/20/03

239 994 6666

Date

Daytime Phone #

CR2E034 (10/02)