

# 2002 UNIFORM BUSINESS REPORT (UBR)

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

05-13-2002 90180 030 \*\*\*150.00

**DOCUMENT # P01000099194**

1. Entity Name  
**BARBER TRUCKING, INC.**

Principal Place of Business <b>3147 COMANCHE RD          ST CLOUD FL 34772</b>	Mailing Address <b>3147 COMANCHE RD          ST CLOUD FL 34772</b>
---	---

2. Principal Place of Business	3. Mailing Address
--------------------------------	--------------------

Suite, Apt. #, etc.	Suite, Apt. #, etc.
---------------------	---------------------

City & State	City & State
--------------	--------------

Zip	Country	Zip	Country
-----	---------	-----	---------

4. FEI Number <b>59-3749639</b>	Applied For <input checked="" type="checkbox"/> Not Applicable
------------------------------------	---

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



DO NOT WRITE IN THIS SPACE

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

**BARBER, MICHAEL  
 3147 COMANCHE RD  
 ST CLOUD FL 34772**

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

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b> 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 \_\_\_\_\_ (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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>BARBER, MICHAEL</b>
STREET ADDRESS	<b>3147 COMANCHE RD</b>
CITY-ST-ZIP	<b>ST CLOUD FL 34772</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>BARBER, GENE</b>
STREET ADDRESS	<b>3147 COMANCHE RD</b>
CITY-ST-ZIP	<b>ST CLOUD FL 34772</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Michael L Barber **Michael L Barber** 4-23-02 407-892-3232  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

AV

CR2E034 (9/01)