

2002 UNIFORM BUSINESS REPORT (UBR)

5/2

FILED
Jun 18, 2002 8:00 am
Secretary of State

05-27-2002 90270 004 ***150.00

DOCUMENT # P01000102894

1. Entity Name
BARBOUR, INC.

Principal Place of Business
**1390 ROSEBORO COURT
 DELTONA FL 32725**

Mailing Address
**1390 ROSEBORO COURT
 DELTONA FL 32725**

93647



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3656903

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**BARBOUR, STEVE
 1390 ROSEBORO COURT
 DELTONA FL 32725**

Name

Street Address (P.O. Box Number is Not Acceptable)

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 *Steve Barbour*

Signature, typed or printed name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when reinstating)

5/1/02
 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 NAME STREET ADDRESS CITY-ST-ZIP	<i>Steve Barbour DPC</i> <input type="checkbox"/> Delete <i>1390 Roseboro Ct Deltona FL 32725</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Monald Barbour</i> <input type="checkbox"/> Delete <i>1390 Roseboro Ct Deltona FL 32725</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Monald Barbour</i> <input type="checkbox"/> Delete <i>1390 Roseboro Ct DV Deltona FL 32725</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>amy Barbour</i> <input type="checkbox"/> Delete <i>547 Glen Haven Dr VST Deltona FL 32738</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Steven Barbour</i> <input type="checkbox"/> Delete <i>547 Glen Haven Dr DV Deltona FL 32738</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

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
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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: *Steve Barbour*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/02 (386) 789 8183
 Date Daytime Phone #

CR2E034 (9/01)