

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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

05-02-2003 90358 009 ***150.00

05/02/03
AV

DOCUMENT # P01000104922



1. Entity Name
BARBEE WALIGUNDA HOLDINGS, INC.

Principal Place of Business
**134 E. FORT DADE AVENUE
BROOKSVILLE FL 34601**

Mailing Address
**134 E. FORT DADE AVENUE
BROOKSVILLE FL 34601**

10097644



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3752426**

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

**BARBEE, DEBRA K
21321 AYERS ROAD
BROOKSVILLE FL 34604**

Name
DAVIS, DEBRA K.
Street Address (P.O. Box Number is Not Acceptable)

134 E. FT. DADE AVE

City **BROOKSVILLE** FL Zip Code **34601**

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 *Debra K. Davis* **Debra K. Davis**

4/28/03

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

(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 Delete
NAME **C BARBEE, P.M.**
STREET ADDRESS **21321 AYERS ROAD**
CITY-ST-ZIP **BROOKSVILLE FL 34604**

TITLE Change Addition
NAME
STREET ADDRESS **134 E. FT. DADE AVE**
CITY-ST-ZIP **BROOKSVILLE FL 34601**

TITLE Delete
NAME **P PERRY, KIM**
STREET ADDRESS **134 EAST FORT DADE AVENUE**
CITY-ST-ZIP **BROOKSVILLE FL 34601**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
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 *Debra K. Barbree* **Debra K. Barbree**

4/28/03 352-754-8688

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)