

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**

05-01-2002 91482 032 \*\*\*150.00

**DOCUMENT # P01000109013**  
1. Entity Name  
**BARDEN REALTY GROUP, INC.**

Principal Place of Business	Mailing Address
9951 ATLANTIC BLVD	9951 ATLANTIC BLVD
SUITE 313	SUITE 313
JACKSONVILLE FL 32225	JACKSONVILLE FL 32225

<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
---------------------------------------	---------------------------

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

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

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

4. FEI Number 59-3754795	Applied For
	<input checked="" type="checkbox"/> 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	
---	--

BARDEN, MARY ELLEN  
9951 ATLANTIC BLVD.  
SUITE 313  
JACKSONVILLE FL 32225

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

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

(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 1991
-----	---

TITLE	P	<input type="checkbox"/> Delete
NAME	BARDEN, MARY ELLEN	
STREET ADDRESS	9951 ATLANTIC BLVD, SUITE 313	
CITY-ST-ZIP	JACKSONVILLE FL 32225	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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

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

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

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

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"/> 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"/> Delete
NAME	
STREET ADDRESS	

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

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_

Daytime Phone #