

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

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90039 047 ***150.00

DOCUMENT # **P01000109397**

1. Entity Name

FJ BARCH ASSOCIATES, INC

DO NOT WRITE IN THIS SPACE

427454

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6650 SUNSET WAY

3. Mailing Address

6650 SUNSET WAY

Suite, Apt. #, etc.

#212

Suite, Apt. #, etc.

#212

City & State

ST PETE BEACH, FLA.

City & State

ST. PETE BEACH FL.

4. FEI Number

EIN 593757548

Applied For

Not Applicable

Zip

33706

Country

USA

Zip

33706

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

F. J. BARCHFELD

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

6650 SUNSET WAY

#212

City

ST PETE BEACH

FL

Zip Code

33706

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IN THIS SPACE**

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) ☒

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE **PD E**
NAME **BARCHFELD, FRANCIS J.**
STREET ADDRESS **6650 SUNSET WAY #212**
CITY-ST-ZIP **ST PETE BEACH FL 33706**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D**
NAME **BARCHFELD, MARION E**
STREET ADDRESS **6650 SUNSET WAY #212**
CITY-ST-ZIP **ST PETE BEACH FL 33706**

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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 on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRANCIS J. BARCHFELD 3/7/02 727 363 1392

Date

Daytime Phone #

CR2E034B (12/01)