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

## **DOCUMENT #**

P02000069708

1. Entity Name

BARROWS PLASTERING, INC.



**FILED** Feb 25, 2003 8:00 am Secretary of State

02-25-2003 90126 006 \*\*\*150.00

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| Principal Place of Business 326 N. MYRTLE STREET STARKE FL 32091  2. Principal Place of Business 3. Mailing Address 4. Fel Number 6. CHECK HERE IF MAKING 6. Name Address of Country 7. Name Address of Status Desired 9. Country 9. Mailing Address 4. Fel Number 6. Country 7. Name and Address of New Registered 9. Name 9. Name 9. Street Address (P.O. Box Number is Not Acceptable)  8. The above named entity subtings this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am the obligations of registered agent.  8. The above named entity subtings this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am the obligations of registered agent.  8. The above named entity subtings this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am the obligations of registered agent and still applicable.  8. The above named entity subtings this statement for the purpose of changing its registered agent sepalative required when reinstaing)  9. DATE 1. FILE NOW!!! FEE IS \$150.00   | S CHANGES  A N  S8.75 Ad Fee Require  Agent  Zip Coc | S<br>Applied For<br>Not Applicab<br>diditional<br>red |
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| Signature, typed or printed name of registered agent and title if applicable.  Country TS cadrovd 370Cl TS addrovd 5. Certificate of Status Desired    Street Address of New Registered   Name  Name  Street Address (P.O. Box Number is Not Acceptable)  City FL  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   | \$8.75 Ad<br>Fee Require<br>Agent                    | dditional red   |
| BARROWS, SAMUEL 326 N. MYRTLE STREET STARKE FL 32091  City  FL  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 the obligations of registered agent.  SIGNATURE  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  | Zip Coo  |   |
| BARROWS, SAMUEL 326 N. MYRTLE STREET STARKE FL 32091  City  FL  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 the obligations of registered agent.  SIGNATURE  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  | • 1 '  |   |
| 326 N. MYRTLE STREET STARKE FL 32091  City  FL  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 the obligations of registered agent.  SIGNATURE  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  | • 1 '  |   |
| STARKE FL 32091  City  FL  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 the obligations of registered agent.  SIGNATURE  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   | • 1 '  |   |
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| 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  |  |   |
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| After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  Trust Fund Contribution.  |  | 00 May Be   |
| That Concert ayable to I total Department of State   |  |   |
| ADDITIONS/CHANGES TO OFFICERS AND  | DIRECTOR   | IS IN 11  |
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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:

availle Baserastion Samuel C Bazzows