

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 21, 2003 8:00 am
Secretary of State

07-21-2003 90124 005 ***158.75

DOCUMENT # P02000091106

1. Entity Name
BAREFOOT PUMPING INC.



Principal Place of Business
**1344 BRIGHTWELL DR
HOLIDAY FL 34690**

Mailing Address
**1344 BRIGHTWELL DR
HOLIDAY FL 34690**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

223867960

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**BAREFOOT, PATRICIA
1344 BRIGHTWELL DR
HOLIDAY FL 34690**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept 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 \$550.00

**After September 10, 2003 Fee will be \$750.00
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

TITLE: **PVTS**
NAME: **BAREFOOT, EUGENE R**
STREET ADDRESS: **1344 BRIGHTWELL DR**
CITY-ST-ZIP: **HOLIDAY FL 34690**

☐ Delete

TITLE: **D**
NAME: **DENFON, DOUG**
STREET ADDRESS: **1647 DEBONZIR DR**
CITY-ST-ZIP: **HOLIDAY FL 34690**

☐ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
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STREET ADDRESS:
CITY-ST-ZIP:
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ Change ☐ Addition

TITLE: **D**
NAME: **DENTON, DOUG**
STREET ADDRESS: **1647 Debonzir Dr**
CITY-ST-ZIP: **HOLIDAY FL 34690**

☐ Change

☐ Addition

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ Change ☐ Addition

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TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ Change ☐ Addition

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:

SIGNATURE REQUIRED Eugene R Barefoot 7-14-03 937-7285
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)

Attachment

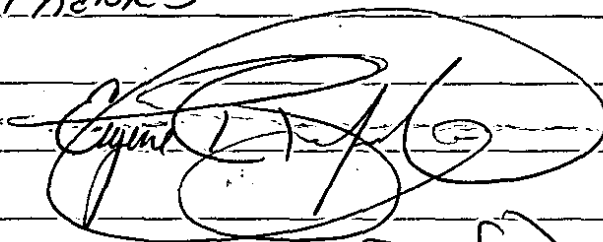
90145043
#PD20000911060

7-15-03

To Whom it may concern:

I did not receive any
prior notice other than the one
I just got in July & didn't
know it had to be filed by May 01.

Please waive the late fee and
let me know if I can do
anything else. Thanks

A handwritten signature in black ink, appearing to read "Eugene K. Barefoot", enclosed within a hand-drawn oval.

Eugene K. Barefoot
Barefoot Pumping