

DOCUMENT # P03000060782

1. Entity Name
BARRIER ISLAND TRADING COMPANY



APPROVED
AND
FILED

Principal Place of Business
11766 S.E. DIXIE HWY
HOBE SOUND, FL 33455

Mailing Address
11766 S.E. DIXIE HWY
HOBE SOUND, FL 33455

07 NOV 16 AM 11:33



DO NOT WRITE IN THIS SPACE

REINSTATEMENT

4. FEI Number
01-0786022

Applie
Not A

5. Certificate of Status Desired ☐ **\$8.75** Additic
Fee Required

6. Name and Address of Current Registered Agent

WHYTE, STEVEN
108 PRIVATEER CT.
JUPITER, FL 33458

**DO NOT WRITE
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. I am familiar with, a the obligations of registered agent.

SIGNATURE

Signature of principal or registered agent and file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$350.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
WHYTE, STEVEN
108 PRIVATEER CT.
JUPITER, FL 33458

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
T
WHYTE, DEBORAH
108 PRIVATEER CT.
JUPITER, FL 33458

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

100110174551
10/02/07--01022--002 **550

100110174551
11/27/07--01027--009 **200.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that it 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 off 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 1 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 Phn

9/14/07 818