

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P14850**

1. Entity Name

BARRON INDUSTRIES INC.

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90034 044 ***150.00

Principal Place of Business

105 19th ST.S.
IRONDALE, AL 35210

Mailing Address

105 19th ST. S.
IRONDALE, AL 35210

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

63-0949364

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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, 2000 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 11

TITLE PD ☐ Delete

NAME P.J. NOVOTNY
STREET ADDRESS 25370 MADISON STREET
CITY-ST-ZIP WHEATON, IL 60187

TITLE VD ☐ Delete

NAME M.H. JOHNSON, III
STREET ADDRESS 105 19th ST. S.
CITY-ST-ZIP IRONDALE, AL 35210

TITLE S. ☐ Delete

NAME J.J. MCGRATH
STREET ADDRESS 15516 S. LINDEN
CITY-ST-ZIP OAK-FORREST, IL

TITLE TD ☐ Delete

NAME J.J. CENTERS
STREET ADDRESS 7660 QUINCY ST.
CITY-ST-ZIP WILLOWBROOK, IL 60521

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MONROE H. JOHNSON III 4/25/00 205-956-3441

Date

Daytime Phone #

CR2E034 (9/99)