

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90071 017 ***150.00

DOCUMENT # P92000008502

1. Entity Name
BARNHART & ASSOCIATES, INC.

Principal Place of Business

~~1161 E. ALTAMONTE DR.~~
~~SUITE 1021~~
~~ALTAMONTE SPRINGS FL 32701~~
~~US~~

Mailing Address

~~1161 E. ALTAMONTE DR.~~
~~SUITE 1021~~
~~ALTAMONTE SPRINGS FL 32701~~
~~US~~

2. Principal Place of Business

670 LaSalle Drive
 Suite, Apt. #, etc.

3. Mailing Address

670 LaSalle Drive
 Suite, Apt. #, etc.

City & State
Altamonte Springs FL 32714

City & State
Altamonte Springs FL

4. FEI Number **59-3149452**

Applied For
☐ Not Applicable

Zip **32714** **Country** **USA**

Zip **32714** **Country** **USA**

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

6. Name and Address of Current Registered Agent

BARNHART, WILLARD G
~~1161 E. ALTAMONTE DR.~~
~~SUITE 1021~~
~~ALTAMONTE SPRINGS FL 32701~~

7. Name and Address of New Registered Agent

Name
Willard G. Barnhart
Street Address (P.O. Box Number is Not Acceptable)
670 LaSalle Drive
City **Altamonte Springs** **FL** **Zip Code** **32714**

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 *Willard G. Barnhart*

4/08/2002
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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **CEOP** ☒ **Delete**
NAME **BARNHART, WILLARD G**
STREET ADDRESS **1161 E. ALTAMONTE DR., 6-1021**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32701**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
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CITY-ST-ZIP

TITLE ☐ **Delete**
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TITLE ☐ **Delete**
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CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CEOP** ☒ **Change** ☐ **Addition**
NAME **Willard G. Barnhart**
STREET ADDRESS **670 LaSalle Drive**
CITY-ST-ZIP **Altamonte Springs FL 32714** ☐ **Change** ☐ **Addition**

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

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

TITLE ☐ **Change** ☐ **Addition**
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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 all other like empowered.

SIGNATURE *Willard G. Barnhart*
WILLARD G. BARNHART

4-08-02
Date **407-333-6111**

CR2E034 (9/01)