## 2001: UNIFORM BUSINESS REPORT (UBR)

| DOCUMENT # P92000015016  1. Entity Name BERNARD BARR, P.A.  |                                   |  |   |                      |  |  | Secretary of State 07-10-2001 90109 023 ***150.00 |                                  |  |                                 |  |
|---|-----------------------------------|--|---|----------------------|--|--|---|----------------------------------|--|---------------------------------|--|
| Principal Plac<br>6832 LISMORE<br>BOYNTON BEAC<br>US  | AVENUE                            |  | Mailing Address 6832 LISMORE AVENUE BOYNTON BEACH FL 33437 US |                      |  |  |   |                                  |  |                                 |  |
| 2. Principal P  | lace of Busine                    | ess  | 3. Mailing Address  |                      |  |  |   |                                  |  |                                 |  |
| Suite, Apt.   | #, etc.                           |  | Suite, Apt. #, etc.   |                      |  |  | D   | O NOT WRITE II                   | N THIS SPACE                                   |                                 |  |
| City & State  | е                                 |  | City & State  |                      |  | 7  | 4. FEI Number 6                                   | 5-0376858                        | <b>-</b>                                       | pplied For<br>ot Applicable     |  |
| Zip   |                                   | Country  | Zip<br>حریات سینات جا   | Coun                 | try<br>~ <del></del>                               | ار جید   | 5. Certificate of State                           | us Desired                       | <b>\$8.75</b> Ad Fee Require                   |                                 |  |
| 6. Name and Address of Current Registered Agent   |                                   |  |   |                      |  | 7. Name and Address of New Registered Agent Name |   |                                  |  |                                 |  |
| BARR, BERNARD<br>6832 LISMORE AVE<br>BOYNTON BEACH FL 33437   |                                   |  |   |                      | Street Address (P.O. Box Number is Not Acceptable) |  |   |                                  |  |                                 |  |
|   |                                   |  |   | City                 |  | T-V-1-00 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -       |   | FL Zip Coo                       | de   |                                 |  |
| 8. The above  | named entity                      | submits this statement for the   | he purpose of changing its                                    | register             | ed office or re                                    | egistered  | agent, or both, in th                             | e State of Florida               |  |                                 |  |
| SIGNATURE.  | Signature, typed of               | r printed name of registered agent and   | title if applicable. (NOTE                                    | E: Registere         | d Agent signature r                                | required wh                                      | en reinstating)                                   | 4.1                              | DATE   |                                 |  |
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  FILE NOW!!! 1  After MAY 1, 2001  Make Check Payable to |                                   |  |   |                      | will be \$550                                      | 0.00   |   | ampaign Finance<br>Contribution. |  | 00 May Be<br>d to Fees          |  |
| 11.   | I _                               | OFFICERS AND DI  |   | 12.                  | 1  |  | ADDITIONS/CHANG                                   | GES TO OFFICE                    |  |                                 |  |
| NAME STREET ADDRESS City-St-Zip   | BARR, BEI<br>6832 LISM            |  | ☐ Delete  |                      |  |  |   |                                  | ☐ Change                                       | Addition                        |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | BOTHTON                           | DENOTTE SS437  | ☐ Delete  |                      |  | •  |   |                                  | ☐ Change                                       | ☐ Addition                      |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | 29m. 27                           | And the second s | ☐ Delete  | TITLI<br>NAM<br>STRE | :  | -  |   | <del></del>                      | ☐ Change                                       | Addition                        |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |                                   |  | ☐ Delete  | 4                    |  |  |   |                                  | ☐ Change                                       | ☐ Addition                      |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |                                   |  | ☐ Delete  |                      |  |  |   |                                  | ☐ Change                                       | ☐ Addition                      |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |                                   |  | ☐ Delete  |                      | ĺ  |  |   |                                  | ☐ Change                                       | Addition                        |  |
| indicated<br>of the cor   | on this report<br>poration or the | information supplied with the or supplemental report is the receiver or trustee empowerment with an address, with the control of the control  | ue and accurate and that ne<br>ered to execute this report    | ny signa<br>as requi | ture shall have                                    | e the sar  | ne legal effect as if n                           | nade under oath                  | n; that I am an office<br>opears in Block 11 o | r or director<br>or Block 12 if |  |
| SIGNAT  | URE: _                            | SIGNATURE AND TYPED OR PRIN  | X Bann  | OR DIRECT            | OR   |  | 4.11.0<br>DE                                      | ite :                            | 561-369<br>Daytime Phone #                     | ·2800                           |  |

Electronic Filing

Online Payment System

**Transaction Amount:** 

\$150.00

Convenience Fee:

\$5.00

Total Amount to be charged to your

account:

\$155.00

E-Mail Address:

BBARR181@CS:COM - - -

Billing Name:

BERNARD BARR

Billing Address:

6832 LISMORE AVE

**Billing City:** 

**BOYNTON BEACH** 

Billing State:

**FLORIDA** 

Billing Zip:

ĸ,

33437

**Credit Card Vendor:** 

**AMEX** 

**Credit Card Number:** 

371532617851004

Credit Card Expiration Date: \_\_\_\_\_

Pay Now

Online Payment System - Select Payment Type

Constant Department of State Dension of Constants

Electronic Filing

Online Payment System

Server object error 'ASP 0177: 80004005'

Server.CreateObject Failed

/fl/FloridaUbr/LogicModules/Default.asp, line 205

The operation completed successfully.





July 2, 2001

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS UNIFORM BUSINESS REPORT P.O. BOX 1500 TALLAHASSEE, FL 32302-1500

Dear Administrator:

I have been under the impression that I filed my UBR report on your website and online payment system. I filed electronically on April 11, 2001.

After talking with Jennifer of your office this date, I learned that you had no receipt of the payment. After checking my credit card statements I now find that no charge was made. Jennifer advised me to send the report together with my remittance and an explanation of what happened.

I am enclosing the forms that I printed when I filed electronically on April 11, 2001.

I am also enclosing my check for \$ 150, to pay the fee.

Thank you for your assistance in this matter.

Sincerely,

Bernard Barr