

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P93000005796**

1. Entity Name

JIM - BARB ENTERPRISES, INC.**FILED****Jan 26, 2000 8:00 am**
Secretary of State

01-26-2000 90099 029 ***150.00

Principal Place of Business

Mailing Address

**900 E. ATLANTIC AVE. #21
DELRAY BEACH FL 33483****900 E. ATLANTIC AVE. #21
DELRAY BEACH FL 33483-6954**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SMITH, JAMES T
900 E ATLANTIC AVE #21
#21
DELRAY BEACH FL 33483**

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be**
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
DP	SMITH, JAMES T	3524 LONE PINE RD.	DELRAY BEACH FL 33445	<input type="checkbox"/>
DST	SMITH, JAMES T	3524 LONE PINE RD	DELRAY BEACH FL	<input type="checkbox"/>
DV	UGARTE, JENNIFER S	3279 STEEPLECHASE DR	PALM BEACH GARDENS FL 33418	<input type="checkbox"/>
D	SMITH, PAUL J	12033 FOREST HOME DR	FT MILL SC 29715	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES T. SMITH

Date

1-17-00 561 278 3346

Daytime Phone #