## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Apr 23, 2001 8:00 am Secretary of State DOCUMENT # P93000008456 BARNES & MURRELL, INC. 04-23-2001 90247 027 \*\*\*150.00 Principal Place of Business Mailing Address 2825 BUSINESS CENTER BLVD 2825 BUSINESS CENTER BLVD SUITE A-1-R. WICKHAM BUSINESS PARK SUITE A-1-R, WICKHAM BUSINESS PARK MELBOURNE FL 32940 MELBOURNE FL 32940 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3161451 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SIMMS, DONALD L Street Address (P.O. Box Number is Not Acceptable) 2825 BUSINESS CENTER BLVD SUITE A-1-R, WICKHAM BUSINESS PARK **MELBOURNE FL 32940** Zip Code Fl 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS Addition TITLE ☐ Change ST ☐ Delete TITLE NAME NAME LEVISON, KATHIE A STREET ADDRESS STREET ADDRESS P.O. BOX 6462 CITY-ST-ZIP CITY-ST-7IP KETCHUM ID 83340 ☐ Change Addition Delete TITLE TITLE NAME NAME GIFFORD, WARREN C III STREET ADDRESS STREET ADDRESS 1054 CHEROKEE RD CITY-ST-7IP CITY-ST-ZIP WILMETTE IL 60091 TITLE -Change Addition ----- Detete TITLE NAME NAME SIMMS, DONALD L STREET ADDRESS STREET ADDRESS 2825 BUSINESS CENTER BLVD, STE A-1-R CITY-ST-ZIP CITY-ST-ZIP MELBOURNE FL 32940 Delete TITLE ☐ Change ☐ Addition TITLE VAN GUNTEN, EDWARD A NAME NAME STREET ADDRESS STREET ADDRESS 3425 EXECUTIVE PKWY., SUITE 206 CITY-ST-ZIP CITY-ST-ZIP TOLEDO OH TITLE TITLE ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Addition TITLE ☐ Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 pay 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

of the corporation or the receiver or trustee empowered to execute this report changed, or on an attachment with an address, with all other like empowered

SIGNATURE

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