

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000016794

1. Entity Name

W. BARNETT, P.A.

FILED

May 17, 2000 8:00 am  
Secretary of State

05-17-2000 90923 023 \*\*\*150.00

Principal Place of Business

Mailing Address

6142 MIRAMAR PKWY  
SUITE C  
MIRAMAR FL 33023

6142 MIRAMAR PKWY  
SUITE C  
MIRAMAR FL 33023-3940

2. Principal Place of Business

8910 MIRAMAR PKWY

Suite, Apt. #, etc.

SUITE # 210

City & State

MIRAMAR, FL

Zip

33025

Country

BROWARD

3. Mailing Address

8910 MIRAMAR PKWY

Suite, Apt. #, etc.

SUITE # 210

City & State

MIRAMAR

Zip

33025

Country

BROWARD



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0391708

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BARNETT, WILLIE  
6142 MIRAMAR PKWY  
SUITE C  
MIRAMAR FL 33023

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

8910 MIRAMAR PARKWAY # 210

City

MIRAMAR

FL

Zip Code

33025

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

TITLE DPTS ☒ Delete  
NAME BARNETT, WILLIE  
STREET ADDRESS 6142 MIRAMAR PKWY SUITE C  
CITY-ST-ZIP MIRAMAR FL 33023

TITLE DPTS ☐ Delete  
NAME BARNETT, WILLIE  
STREET ADDRESS 8910 MIRAMAR PARKWAY # 210  
CITY-ST-ZIP MIRAMAR, FL 33025

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)