## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Apr 24, 2000 8:00 am Secretary of State DOCUMENT # **P93000020770** 1. Entity Name BARNES/BROOKSHIRE ENTERPRISES, INC. 04-24-2000 90039 033 \*\*\*150.00 Principal Place of Business Mailing Address 7586 OLD KINGS RD. S. 7586 OLD KINGS RD. S. JACKSONVILLE FL 32217-3708 JACKSONVILLE FL 32217-3708 HEASE CORRECT 2. Principal Place of Business 3. Mailing Address 9342 OLD BAYMEADOWS Rd Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE DEBRWOUD VILLAGE N City & State 4. FEI Number Applied For 59-3168968 -----Not Applicable JACKSONYILL Country \$8.75 Additional 5. Certificate of Status Desired Fee Required DUVA L 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BROOKSHIRE, JAMES F Street Address (P.O. Box Number is Not Acceptable) 7586 OLD KINGS RD. S. JACKSONVILLE FL 32217-3708 City 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 DATE 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 Atter MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. PD Addition CR2E034 (9/99 TITLE Change TITLE ☐ Delete BARNES, PATRICIA A NAME NAME 7586 OLD KINGS RD. S. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32217-3708 Change Addition □ Delete TITLE BROOKSHIRE, JAMES F NAME NAME 7586 OLD KINGS RD. S. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32217-3708 ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Addition ☐ Delete TITLE ☐ Change TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change Addition TITLE TITLE STREET ADDRESS 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