

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90704 017 \*\*\*150.00

**DOCUMENT # P93000021076**

**1. Entity Name**  
**A.M. BARNES GROUP, INC.**



**Principal Place of Business**  
**16261 OLD US 41**  
**FT MYERS FL 33912**  
**US**

**Mailing Address**  
**16261 OLD US 41**  
**FT MYERS FL 33912**  
**US**



**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number 65-0391282**

Applied For

Not Applicable

Zip

Country

Zip

Country

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**POWELL, WILLIAM M ESQ**  
**3515 DEL PRADO BLVD #101**  
**CAPE CORAL FL 33904**

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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE:**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **P** ☐ Delete  
**NAME** **BARNES, ALAN**  
**STREET ADDRESS** **14200 HICKORY MARCH LN #111**  
**CITY-ST-ZIP** **FORT MYERS FL 33912**

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

**TITLE** **VST** ☐ Delete  
**NAME** **BARNES, VICKY L**  
**STREET ADDRESS** **14200 HICKORY MARSH LN #111**  
**CITY-ST-ZIP** **FORT MYERS FL 33912**

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

**TITLE** **V** ☐ Delete  
**NAME** **SENESE, TONYA**  
**STREET ADDRESS** **16261 OLD US 41**  
**CITY-ST-ZIP** **FT MYERS FL**

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

**TITLE** **P** ☐ Delete  
**NAME** **BARNES, K SCOTT**  
**STREET ADDRESS** **16261 OLD US 41**  
**CITY-ST-ZIP** **FT MYERS FL**

**TITLE** **Vice President** ☒ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** **VP** ☐ Delete  
**NAME** **BARNES, KATHERINE**  
**STREET ADDRESS** **16261 OLD US 41**  
**CITY-ST-ZIP** **FORT MYERS FL 33912**

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

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** **Vice President** ☐ Change ☒ Addition  
**NAME** **Albert Senese**  
**STREET ADDRESS** **16261 old US 41**  
**CITY-ST-ZIP** **Fort Myers FL 33912**

**12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

*Katherine Barnes*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**1-6-03**

Date

**239-433-5535x223**

Daytime Phone #

CR2E034 (10/02)