2002 UNIFORM BUSINESS REPORT (UBR)

| DOCUMENT # P9300022009 1. Entity Name GARY BARNHART CONSTRUCTION, INC. | | | | | | FILED | | | | |
|---|---|---------------------------------|---|--|---|--|---|----------------------------|-----------------------------|--|
| | | | | | | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | |
| | | | | | | 02 JUL 19 AMTT: 02 | | | | |
| Principal Plac | | ~ - <u></u> | SECRETARY OF STATE TALLAHASSFE, FLORIDA | | | | | | | |
| PO BOX 291 | | | | TALLAH | IASSEE, FLO | ORIDA | | | | |
| IAMPA PL 33 | | | | 1 1 38 1/ 18 1 \$18 1 3108 1141 | 1 40 111 10 111 10 111 19 | ILB 11010 ISDU BRULT | 1915 (BS) (25) | | | |
| 2 Principal P | lace of Rusiness An. | 3. Mailing Address | | | _ | | | | | |
| 2. Principal Place of Business Ava 3. Mailing Address P.O. Box 19 | | | | // | | | , | | | |
| Suite, Apt. | | | | DO NO | OT WRITE IN TH | IS SPACE | | | | |
| City & State TAMPA FLORIDA TAMPA | | | 2/ | | | FEI Number 59-318 | 30260 | — — — | pplied For ot Applicable | |
| 33C19 | Country | 33 687 | Countr | у | 5. (| Certificate of Status De | esired 🔲 | \$8.75 Add Fee Required | | |
| | 6. Name and Address of Current R | | | | 7. 1 | Name and Address of | New Registere | | <u> </u> | |
| | T 045V | | | Name | | | | | | |
| BARNHAR 8725 DEL | it, gary Rey court | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| TAMPA FL | | | | | | | | | | |
| | ŀ | City Zip Code | | | | | 9 | | | |
| 8. The above | named entity submits this statement for | the purpose of changing its | registered | d office or regist | ered ag | ent, or both, in the Sta | | | and accept | |
| the obligat | ions of registered agent. | | | | | , | | | | |
| SIGNATURE . | Signature, typed or printed name of registered agent an | d title if applicable (NOTE | - Registered | Agent signature requir | ed when re | einstatina) | DATE | | | |
| 9 This corne | | T | | | | | | | | |
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. After September 13, 20 | | | | ee will be \$75 | | 10. Election Campa Trust Fund Cor | | | May Be to Fees | |
| | ia on back) OFFICERS AND D | Make Check Payab | | partment of St | | DITIONS/CHANGES | FO OFFICERS A | ND DIDECTOR | N IN L d d | |
| 11. TITLE | D . | Delete | 12. TITLE | | AD | DUTIONS/CHANGES | O OFFICERS A | Change | Addition | |
| NAME | BARNHART, GARY | | NAME | | | 00000 0 70- | ຐຨຘຨຬ | <u>}640÷</u> | | |
| STREET ADDRESS CITY-ST-ZIP | 8725 DEL REY-CT- TAMPA FL 3361 7 | | CITY-S | r address St= Zip | | -U₁ ** | 723702 **150.00 | U1U3(U *****∫5/ | 0100558 | |
| TITLE | | ☐ Delete | TITLE | | | 50 80 A | <u></u> | ☐ Change | | |
| NAME STREET ADDRESS | GARY BARNHART 11311 N EOTSEN TAMP FL 3361 | | NAME | ADDRESS | | | | | | |
| CITY-ST-ZIP | TAMA FL 3361 | L | CITY-S | I | | | | | | |
| TITLE | | ☐ Delete | TITLE | | | | | ☐ Change | Addition | |
| NAME STREET ADDRESS | | | NAME STREET | ADDRESS | | | | | | |
| CITY-ST-ZIP | • | | CITY-S | | | | | | | |
| TITLE | | ☐ Delete | TITLE | | | | | ☐ Change | ☐ Addition | |
| IAME Treet address | | | NAME STREET | ADDRESS | | | | | | |
| CITY-ST-ZIP | | | CITY-S | | | | | | | |
| ITLE | | ☐ Delete | TITLE | | | | | Change | Addition | |
| TREET ADDRESS | | | NAME STREET | ADDRESS | | | | | | |
| ITY-ST-ZIP | | | CITY-S | | | | | | | |
| ITLE | | ☐ Delete | TITLE | | | | | ☐ Change | Addition | |
| TREET ADDRESS | | | NAME STREET | ADDRESS | | | | | | |
| CITY-ST-ZIP | | <u> </u> | CITY-S | | | | | | | |
| 3. I hereby of indicated | ertify that the information supplied with the on this report or supplemental report is to | nis filing does not qualify for | the exem | ption stated in S | ection 1 | 119.07(3)(i), Florida Sta legal effect as if made | atutes. I further o | certify that the in | formation or director | |
| of the corp | oration or the receiver or trustee empow or on an attachment with an address, wi | ered to execute this report a | ás require | d by Chapter 60 | 7, Florid | da Statutes; and that n | ny name appear | s in Block 11 or | Block 12 if | |

SIGNATURE:

7//0/82 9337783 Dav! Dav!me Phone #

2002 UNIFORM BUSINESS REPORT (UBR)

| DOCUMENT # P93000 1. Entity Name GARY BARNHART CONSTRUCTION, | 0022009 | ni (obn) | | | | | |
|--|--|---|---|------------|--|--|--|
| Principal Place of Business PO BOX 291511 TAMPA FL 33587 | Mailing Address PO BOX 291511 TAMPA FL 33687 | | | | | | |
| 2. Principal Place of Business 11311 A/ EDISON Suite, Apt. #, etc. | 2. Mailing Address Po Bx 29/5// Suite, Apt. #, etc. | | OD NOT WRITE IN THIS SPACE | | | | |
| City & State TAM DA FL | City & State | FL | MU-(310 2001) | Applied Fo | | | |
| Zip Country 336/2 (5 | 33687 | Country | 5. Certificate of Status Desired S8.75 A | dditional | | | |
| 6. Ni me and Address of Current Re | | | 7. Name and Address of New Registered Agent | | | | |
| BARNHART, GART 8725 DEL REY COURT TAMPA FL 33617 | | Name Street Address (P.O. Box Number is Not Acceptable) City | | | | | |
| 8. The above named contity submits this statement for the SIGNATURE Signature. I sped or printed name of signature appeal and | iil ii applicable. (NOTE: | Registered Agent signature require | red agent, or both, in the State of Florida. d when reinstating) DATE | | | | |
| 9. This corporation is aligible to satisfy its Intangible Tax filing requirement and elects to do so (See criteria on back) 11. OFFICERS/AND DI | After May 1, 200 Make Check Payabl | FER IS \$156.00 2 Fee will be \$550.00 to Department of St 12. | Trust Fund Contribution | OO May I | | | |
| TITLE NAME STREET ANDRESS CITY-ST-ZP TAMP7. FL 33817- | ☐ Deleta | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Change | ☐ Adx | | | |
| THE NAME STREET ADDRESS CITY-ST-ZIP TATTAPA FL 33 C/2 | ☐ Delate | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Change | □ Ack | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Deleta | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Change | Adc | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Deleta | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Change | Adk | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Change | ☐ Adı | | | |
| TITLE NAME STREET ADDRESS CITY-SI-ZIP 13. I hereby certify that the information supplied with the | Oelete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Change | ☐ Adı | | | |

Altachuent Duc. # P93000022009 July 10, 2002 Alean Department of State, Inclosed please find a copy of our Ausires report that was mailed on 4/18/02 along with the \$150.00 chuch \$ 3832. After checking with our bank, we find thes We are resubnithing the business Report along with the payment of 6/50.00, and we would wait the appreciate very much if you would wait the pensety fee. Should the first check he found, please, return it to us. We thank you in advance for your dossideration regarding this matter. Sincerely, Lary J. Barnhout