

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000023354

1. Entity Name

DEBBIE A. BARRETT, INC.

FILED
Apr 05, 2000 8:00 am
Secretary of State

04-05-2000 90110 023 ***150.00

Principal Place of Business

Mailing Address

5405 DIPLOMAT CIRCLE
STE 160
ORLANDO FL 32810
US

5405 DIPLOMAT CIRCLE
STE 160
ORLANDO FL 32810-5614
US

2. Principal Place of Business

6533 CAY CIRCLE

Suite, Apt. #, etc.

3. Mailing Address

6533 CAY CIRCLE

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Orlando, FL

Zip 32809

Country

USA

City & State

Orlando, FL

Zip 32809

Country

USA

4. FEI Number

59-3175612

Applied For

Not Applicable

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

BARRETT, DEBBIE A
6533 CAY CIRCLE
ORLANDO FL 32809

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.

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PV
NAME BARRETT, DEBBIE A
STREET ADDRESS 14 HOPKINS CIR
CITY-ST-ZIP ORLANDO FL 32804 ☐ Delete

TITLE
NAME BARRETT, Debbie A ☒ Change ☐ Addition
STREET ADDRESS 6533 CAY CIRCLE
CITY-ST-ZIP Orlando, FL 32809

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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

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:

Debbie A. Barrett

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/00

Date

407-852-2420

Daytime Phone #

CR2E034 (9/99)