

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000033491

1. Entity Name
BARNEGAT CONSULTING, INC.

Principal Place of Business
4125 SAN JUAN AVE.
JACKSONVILLE FL 32210

Mailing Address
P.O. BOX 380105
JACKSONVILLE FL 32205

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State

Zip - - - - - Country - - - - -

City & State

Zip - - - - - Country - - - - -

4. FEI Number 59-3240705 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SKINNER, LELLA K
4125 SAN JUAN AVE.
JACKSONVILLE FL 32210

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 *Leila K Skinner* Signature, typed or printed name of registered agent and title if applicable.

LELLA K. SKINNER
PRESIDENT

1/14/02
DATE

(NOTE: Registered Agent signature required when reinstating)

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Leila K Skinner* Signature, typed or printed name of signing officer or director

LELLA K. SKINNER
PRESIDENT

1/14/2002

904-384-9654

Daytime Phone #

0021896
AV

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