

# 2000 UNIFORM BUSINESS REPORT (UBR)

8/

**FILED**  
**Sep 15, 2000 8:00 am**  
**Secretary of State**

08-02-2000 90154 015 \*\*\*150.00  
 09-15-2000 90004 043 \*\*\*400.00

**DOCUMENT # P94000060353**

1. Entity Name

**THE B N BARSTOW COMPANY INC.**

Principal Place of Business

2020 W. MCNAB RD.  
 FT. LAUDERDALE FL 33309

Mailing Address

2020 W. MCNAB RD.  
 FT. LAUDERDALE FL 33309-1000

2. Principal Place of Business

3. Mailing Address

3350 GREENVIEW TERR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MARGATE FL

Zip

Country

Zip

Country

33063

4. FEI Number 65-0516540

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

BARSTOW, BARBARA N  
 3350 GREENVIEW TERRACE EAST  
 MARGATE FL 33063

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 D ☐ Delete  
 NAME BARSTOW, BARBARA N  
 STREET ADDRESS 3350 GREENVIEW TERRACE EAST  
 CITY-ST-ZIP MARGATE FL 33063

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

TITLE PSVT ☐ Delete  
 NAME BARSTOW, BARBARA N  
 STREET ADDRESS 3350 GREENVIEW TERRACE EAST  
 CITY-ST-ZIP MARGATE FL 33063

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

TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
 NAME  
 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 an other use empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

May 2000 954-340-1025

CF 2503 (9/99)