

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000081480

1. Entity Name

BAR-K BLACKSMITH SUPPLY INC.

FILED
Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90078 010 ***150.00

Principal Place of Business

Mailing Address

11350 US 98
DADE CITY FL 33525

11350 US 98
DADE CITY FL 33525-1623



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3277158**

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

KINNEY, KIMBERLY
11350 US 98
DADE CITY FL 33525

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	<input type="checkbox"/> Delete
NAME	KINNEY, KIMBERLY	
STREET ADDRESS	11350 US 98	
CITY-ST-ZIP	DADE CITY FL 33525	
TITLE	D	<input type="checkbox"/> Delete
NAME	KINNEY, RICHARD	
STREET ADDRESS	40455 OTIS ALLEN ROAD	
CITY-ST-ZIP	ZEPHRYHILLS FL 33540	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE: ** Kimberly Kinney*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KIMBERLY KINNEY

1-10-00

Date

(352) 567-7117

Daytime Phone #

CR2E034 (9/99)