

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90216 013 ***150.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT # P95000036045			
1. Entity Name <div style="border: 1px solid black; padding: 5px; min-height: 30px;"> L. BARRON & ASSOCIATES, INC. </div>			
Principal Place of Business <div style="border: 1px solid black; padding: 5px; min-height: 60px;"> 2503 BACCARAT DR COOPER CITY FL 33026 </div>		Mailing Address <div style="border: 1px solid black; padding: 5px; min-height: 60px;"> 2503 BACCARAT DR COOPER CITY FL 33026-3741 </div>	
2. Principal Place of Business <div style="border: 1px solid black; padding: 5px; min-height: 100px;"> Suite, Apt. #, etc. City & State <div style="display: flex; justify-content: space-between; border-top: 1px solid black; padding-top: 5px;"> Zip Country </div> </div>		3. Mailing Address <div style="border: 1px solid black; padding: 5px; min-height: 100px;"> Suite, Apt. #, etc. City & State <div style="display: flex; justify-content: space-between; border-top: 1px solid black; padding-top: 5px;"> Zip Country </div> </div>	
6. Name and Address of Current Registered Agent			
<div style="border: 1px solid black; padding: 5px; min-height: 100px;"> BARRON, LINDA M 2503 BACCARAT DR COOPER CITY FL 33026 </div>			Name
			Street Address
			City

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 _____

<p>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/></p>	<p>FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State</p>	<p>10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/></p>	<p>\$5.00 <i>May Be Added to Fees</i></p>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BARRON, LINDA M 2503 BACCARAT DR COOPER CITY FL 33026 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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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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
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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone # _____

CR2E034 (9/99)