

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 10, 2002 8:00 am**  
**Secretary of State**

05-10-2002 90061 027 \*\*\*150.00

DOCUMENT # **P95000054354**

1. Entity Name

**Barfield Floor Covering Inc.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**5410 25th Pl. S.W.**  
Suite, Apt. #, etc.

3. Mailing Address

**5410 25th Pl S.W.**  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**Naples, FL**

City & State

**Naples, FL**

4. FEI Number

**65-0609729**

Applied For

Not Applicable

Zip

**34116**

Country

**US**

Zip

**34116**

Country

**US**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

**Terrance Barfield**

Street Address (P.O. Box Number is Not Acceptable)

**5410 25th Pl S.W.**

City

**Naples**

**FL**

Zip Code

**34116**

**DO NOT WRITE  
IN THIS SPACE**

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

**Terrance Barfield**

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4-25-02**

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

January 1 - May 15 Fees \$150.00  
After May 15 Fees \$550.00  
Amended UBR is \$6.25  
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

**Owner  
Terrance Barfield  
5410 25th Pl S.W.  
Naples, FL 34116**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
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NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

**Terrance Barfield**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-25-02**

Date

**(941) 353-7858**

**(941) 250-5717**

Daytime Phone #

CR2E034B (12/01)