

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000009684

1. Entity Name

JIM BARBER CUSTOM CARPENTRY INC.

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90129 012 ***150.00

Principal Place of Business

Mailing Address

11116 SE 132ND PLACE
OKLAWAHA FL 32179

P.O. BOX 174
OKLAWAHA FL 32183-0174

2. Principal Place of Business

4540 SE 120TH ST

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

BELLEVIEW FL.

City & State

City & State

34420

Zip

COUNTRY AMERICA
MARION

Zip

Country

4. FEI Number 59-3430045

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

BARBER, JAMES
11116 SE 132ND PLACE
OKLAWAHA FL 32179

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 DPST
NAME BARBER, JAMES
STREET ADDRESS 11116 SE 132ND PLACE
CITY-ST-ZIP OKLAWAHA FL 32179

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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: James B Barber
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/00 352 843 6567
Date Daytime Phone #

CR2E034 (9/99)