

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 26, 2003 8:00 am**  
**Secretary of State**

02-26-2003 90177 040 \*\*\*150.00

**DOCUMENT # P96000015428**

1. Entity Name

**BAREFOOT TRACE RENTALS, INC.**



Principal Place of Business

**6240 A1A SOUTH  
ST AUGUSTINE FL 32084**

Mailing Address

**6240 A1A SOUTH  
ST AUGUSTINE FL 32084**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3371140**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**ALLEN, LUANN  
209 ANASTASIA BLVD  
ST AUGUSTINE FL 32080**

7. Name and Address of New Registered Agent

Name

**Richard L. Waler, Jr, CPA**

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

**100 Waler Way, Suite 1**

City

**St Augustine**

**FL**

Zip Code  
**32086**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Richard L. Waler, Jr.*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**2/10/2003**

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete  
NAME **VERBECK, XAVIER**  
STREET ADDRESS **6240 A1A S 311**  
CITY-ST-ZIP **ST AUGUSTINE FL 32084**

TITLE **P** ☐ Delete  
NAME **ROBERTS, WILLIAM**  
STREET ADDRESS **602 CLEVELAND AVE.**  
CITY-ST-ZIP **PALATKA FL 32177**

TITLE **D** ☐ Delete  
NAME **COOLEY, PETER**  
STREET ADDRESS **4052 RIVERCLIFF CHASE SE**  
CITY-ST-ZIP **MARIETTA GA 30067**

TITLE **D** ☒ Delete  
NAME **FARMER, RONALD R**  
STREET ADDRESS **211 ARGONAUT RD**  
CITY-ST-ZIP **SAINT AUGUSTINE FL 32086**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **S** ☐ Change ☒ Addition  
NAME **Sawyer, Suzanne**  
STREET ADDRESS **7 Halidon Court**  
CITY-ST-ZIP **Palm Beach Gardens, FL 33418**

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

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

TITLE **D** ☐ Change ☒ Addition  
NAME **Beckett, Cathy**  
STREET ADDRESS **2001 Country Club Terrace**  
CITY-ST-ZIP **Palatka, FL 32177**

TITLE **D** ☐ Change ☒ Addition  
NAME **Archambo, Norman**  
STREET ADDRESS **Route 7, Box 1709**  
CITY-ST-ZIP **Palatka, FL 32177**

TITLE **D** ☐ Change ☒ Addition  
NAME **Carter, Susan**  
STREET ADDRESS **2458 NW 15th Place**  
CITY-ST-ZIP **Gainesville, FL 32605**

CR2E034 (10/02)

12. 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 10 or Block 11 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

**2/24/2003**

**(904) 471-9212**

Date

Daytime Phone #