

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90366 024 ***150.00

DOCUMENT # P96000029109

1. Entity Name

BARBARA'S OWN, INC.

Principal Place of Business

Mailing Address

**1014 LAKE AVE
 LAKE WORTH FL 33460**

**1014 LAKE AVE
 LAKE WORTH FL 33460**

2. Principal Place of Business

1014 Lake Ave
 Suite, Apt. #, etc.

3. Mailing Address

1014 Lake Ave
 Suite, Apt. #, etc.

City & State

Lake Worth, FL

City & State

Lake Worth, FL

Zip

33460

Country

Palm Beach

Zip

33460

Country

Palm Beach

4. FEI Number

65-0655985

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

SOCHER, BARBARA

4811 122ND DR NO.

WEST PALM BEACH FL 33411

7. Name and Address of New Registered Agent

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, 2002 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 **DP** ☐ Delete
 NAME **SOCHER, BARBARA**
 STREET ADDRESS **4811 122ND DR NO.**
 CITY-ST-ZIP **WEST PALM BEACH FL 33411**

TITLE **TS** ☐ Delete
 NAME **FERGUSON, DAWN O**
 STREET ADDRESS **4811 122ND DR NO.**
 CITY-ST-ZIP **WEST PALM BEACH FL 33411**

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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:

Barbara Socher
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/02
 Date

561-586-3700
 Daytime Phone #

CR2E034 (9/01)