

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 19, 2002 8:00 am**  
**Secretary of State**  
 02-19-2002 90017 037 \*\*\*158.75

**DOCUMENT # P96000046073**

1. Entity Name  
**J.A. BARSTIS CO. INC.**

Principal Place of Business  
**126 PALM CROSSING BLVD**  
**PANAMA CITY BEACH FL 32408**

Mailing Address  
**P O BOX 18722**  
**PANAMA CITY BEACH FL 32417-8722**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**122 WEST LESLIE LN**

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
**PANAMA CITY BEACH, FL**

City & State

4. FEI Number  
**59-3385824**

Applied For  
 Not Applicable

Zip  
**32407**

Country  
**USA**

Zip

Country

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**

**BARSTIS, JOHN A**  
**126 PALM CROSSING BLVD**  
**PANAMA CITY BEACH FL 32408**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**122 WEST LESLIE LN**  
 City **PANAMA CITY BCH** FL Zip Code **32407**

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 *John A Barstis* **JOHN A BARSTIS PRESIDENT** **1-31-02**  
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	PD B	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARSTIS, JOHN A		NAME		
STREET ADDRESS	122 WEST LESLIE LANE		STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY BEACH FL		CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARSTIS, MARGARET ANN		NAME		
STREET ADDRESS	126 PALM CROSSING BLVD.		STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY BEACH FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *John A Barstis* **JOHN A BARSTIS** **1-31-02** **850 233 2399**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)