

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

**FILED**  
**Apr 23, 2002 8:00 am**  
**Secretary of State**

04-23-2002 90322 019 \*\*\*150.00

DOCUMENT # **P96000047089**

1. Entity Name

**Barclay Commercial Realty, Inc.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**15340 Jog Road**

Suite, Apt. #, etc.

**Suite 200**

3. Mailing Address

**Same**

Suite, Apt. #, etc.

City & State

**Delray Beach, FL**

City & State

4. FEI Number

**65-0681210**

Applied For

Not Applicable

Zip

**33446**

Country

**USA**

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

**Morton, Krista**

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

**15340 Jog Road**

**Suite 200**

City

**Delray Beach**

FL

Zip Code

**33446**

**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

**Sandy Morton**

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

(NOTE: Registered Agent signature required when reinstating)

**4-9-02**

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 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**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  
**PD  
Morton, Krista  
15340 Jog Road Suite 200  
Delray Beach, FL 33446**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VSD  
Morton, Tobey  
15340 Jog Road Suite 200  
Delray Beach, FL 33446**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**TVPB  
Picinich, Ken  
855 S. Federal Hwy #113  
Boca Raton, FL 33432**

TITLE  
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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:

**Sandy Morton**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-9-02**

DATE

**561-865-9222**

DAYTIME PHONE #

CR2E034B (12/01)