

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

FILED
Mar 19, 2002 8:00 am
Secretary of State

03-19-2002 90015 040 ***158.75

DOCUMENT # *P 96 0000 99153*

1. Entity Name

Barson Group, Inc.

DO NOT WRITE IN THIS SPACE

425512

2. Principal Place of Business

840 Pinellas Bayway

3. Mailing Address

840 Pinellas Bayway

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Tierra Verde, FL

City & State

Tierra Verde, FL

4. FEI Number

59-3418848

Applied For

Not Applicable

Zip

33715

Country

USA

Zip

33715

Country

USA

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Lynn E. Hanshaw

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

4215 39th Av. S.

City

St. Petersburg

FL

Zip Code

33711

**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

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) ☒

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 *President*
NAME *Sanford E. Katz*
STREET ADDRESS *840 Pinellas Bayway*
CITY-ST-ZIP *Tierra Verde, FL 33715*

TITLE *VP - Treas*
NAME *Barbara L. Katz*
STREET ADDRESS *840 Pinellas Bayway*
CITY-ST-ZIP *Tierra Verde, FL 33715*

TITLE *S*
NAME *Lynn E. Hanshaw*
STREET ADDRESS *4215 39th Av. S.*
CITY-ST-ZIP *St. Petersburg, FL 33711*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
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:

Barbara L. Katz

Barbara L. Katz

Feb. 28, 02

727-8676384

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)