## **2001 UNIFORM BUSINESS REPORT (UBR)**

## May 11, 2001 8:00 am Secretary of State DOCUMENT # P9700000441 1. Entity Name BARCLAY PROPERTIES, INC. 05-11-2001 90302 020 \*\*\*150.00 Mailing Address Principal Place of Business 7251- 73 STREET NO 7251- 73 STREET NO PINELLAS PARK FL 33781 PINELLAS PARK FL 33781 2. Principal Place of Business 3. Mailing Address Po Box 2781 Hbove DO NOT WRITE IN THIS SPACE City & State Applied For 4. FEI Number 59-3444208 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JOHNS, JEFF Street Address (P.O. Box Number is Not Acceptable) 7251 73 ST. NO PINELLAS PARK FL 33781-3809 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition TITLE D ☐ Delete TITLE ☐ Change NAME NAME ROSS, CHARLES M STREET ADDRESS STREET ADDRESS 7251- 73 STREET NO CITY-ST-ZIP CITY-ST-ZIP PINELLAS PARK FL 33781 Addition NAME ROSS, BARLEY G STREET ADDRESS STREET ADDRESS 7251 73 ST NO CITY-ST-ZIP CITY-ST-7IP PINELLAS PARK FL 33781 ☐ Change Addition TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change 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.