

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90680 001 ***150.00

DOCUMENT # P97000006224

1. Entity Name
ED BARBER & ASSOCIATES, INC.



Principal Place of Business
**9292 S STATE ROAD 228
MACCLENNY FL 32063**

Mailing Address
**P.O. BOX 838
MACCLENNY FL 32063**



2. Principal Place of Business
9292 So. S.R. 228

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MACCLENNY, FL

City & State

4. FEI Number
59-3431348

Applied For
Not Applicable

Zip
32063

Country
BAKER

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

**BARBER, CHARLES E JR
HIGHWAY 228 SOUTH
MACCLENNY FL 32063**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **PD**
STREET ADDRESS **BARBER, CHARLES E JR**
CITY-ST-ZIP **P O BOX 838
MACCLENNY FL 32063**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **STD**
STREET ADDRESS **BARBER, CHERRY E**
CITY-ST-ZIP **P O BOX 838
MACCLENNY FL 32063**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowerment.

SIGNATURE: CHERRY E BARBER, SECRETARY & TREASURER

JAN. 10, 2003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)