

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000026257

1. Entity Name  
**BAR-NIS, INC.**

**FILED**  
**Mar 06, 2000 8:00 am**  
**Secretary of State**

03-06-2000 90131 043 \*\*\*150.00

Principal Place of Business 1407 13TH STREET ST. CLOUD FL 34769	Mailing Address 1407 13TH STREET ST. CLOUD FL 34769-4302
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>59-3433587</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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

6. Name and Address of Current Registered Agent  
**RICHARD W. NORRIS, P.A.**  
**7651-A ASHLEY PARK COURT**  
**SUITE 401**  
**ORLANDO FL 32835**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b> 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 \_\_\_\_\_ (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, 2000 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

TITLE PD	NAME NISWONGER, RITA	<input type="checkbox"/> Delete
STREET ADDRESS 1407 13TH STREET	CITY-ST-ZIP ST. CLOUD FL 34769	
TITLE VD	NAME NISWONGER, JOHN	<input type="checkbox"/> Delete
STREET ADDRESS 1407 13TH STREET	CITY-ST-ZIP ST. CLOUD FL 34769	
TITLE VD	NAME BARNES, JERALD T SR	<input type="checkbox"/> Delete
STREET ADDRESS 1407 13TH STREET	CITY-ST-ZIP ST. CLOUD FL 34769	
TITLE STD	NAME BARNES, TINA M	<input type="checkbox"/> Delete
STREET ADDRESS 1407 13TH STREET	CITY-ST-ZIP ST. CLOUD FL 34769	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Tina M Barnes  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 2/17/00 (401) Daytime Phone #: 891-1488

CR2E034 (9/99)