

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90348 010 ***150.00

DOCUMENT # **P97000029058**

1. Entity Name

ELLIS BARNES, INCORPORATED

Principal Place of Business

**8034 HUNTERS GROVE RD
 JACKSONVILLE FL 32256**

Mailing Address

**8034 HUNTERS GROVE RD
 JACKSONVILLE FL 32256**

B0038592



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3439382

Applied For

Not Applicable

Zip

Country

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

**BARNES, ELLIS O
 8034 HUNTERS GROVE RD
 JACKSONVILLE FL 32256**

Name

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

City

State

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

Signature, typed or printed name of registered agent and title (applicable)

(NOTE: Registered Agent's signature required when resigning)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$650.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	Change	Addition
	D	<input type="checkbox"/> Delete			
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	Change	Addition
	BARNES, ELLIS O	8034 HUNTERS GROVE RD	JACKSONVILLE FL 32256		
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	Change	Addition
	D	<input type="checkbox"/> Delete			
	BARNES, AVOS G	8034 HUNTERS GROVE RD	JACKSONVILLE FL 32256		
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	Change	Addition
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	Change	Addition
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	Change	Addition
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	Change	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 my address, with another who is empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

TELEPHONE NUMBER

Ellis O. Barnes
Ellis O. Barnes

4/27/01 (904) 641-2550

CR2E034 (10/00)