

2000 UNIFORM BUSINESS REPORT (UBR)

5/31/00-90028-043-\$61.25-\$61.25

1 of 2

DOCUMENT # P97000062276

FILED

00 MAY 31 AM 9:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name

SHERYLL A. BARNETT, P.A.

Principal Place of Business

Mailing Address

A1A SOUTH #K32
AUGUSTINE FL 32084

C/O MARSH CREEK C.C. REALTY
88 MARSHSIDE DR
ST AUGUSTINE FL 32084-9154

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

59-3514422

Applied For

Not Applicable

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

BARNETT, SHERYLL A
4250 A1A SOUTH #K32
ST. AUGUSTINE FL 32084

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.

SIGNATURE

Sheryll A. Barnett, P.A.
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/28/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARNETT, SHERYLL A 4250 A1A SOUTH #K32 ST. AUGUSTINE FL 32084	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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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
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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:

Sheryll A. Barnett, P.A.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00

Date

(904) 471-4343

Daytime Phone #

CR2E034 (9/99)

182

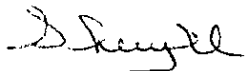
July 21, 2000

Florida Department of State
Division of Corporations
Tallahassee, FL 32314
Attn: Kathy Ashton

Enclosed is my duplicate check in the amount of \$150.00 and a copy of the 2000 Uniform Business Report Form (UBR) sent to me with the letter advising a "\$61.25 check" had been applied, and that a "balance was due of \$88.75". As you have confirmed, the company handling these forms and payments made an error, credited some other company's (a daycare center) check to my corporation, and seem to have lost my original check in the amount of \$150.00.

Please accept my gratitude for handling this in such a courteous and expeditious manner!! After waiting three (3) weeks for a return call from Tyrone Scott, and hearing nothing, I truly appreciate the manner in which you "solved" the problem.

Sincerely,



Sheryll A. Barnett