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FILED
May 12, 2000 8:00 am
Secretary of State

01-18-2000 90009 045 ***150.00

DOCUMENT # P97000068832

1. Entity Name

BARNETT ENTERPRISES, INC.

Principal Place of Business

238 E. DAVIS BLVD.
TAMPA FL 33606-3756

Mailing Address

238 E. DAVIS BLVD.
TAMPA FL 33606-3756

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

59-3633033

4. FEI Number **APPLIED FOR**Applied For
Not Applied5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BARNETT, SCOTT F
238 E. DAVIS BLVD.
TAMPA FL 33606-3756

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and this if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/7/99
DATE9. 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 ☐ Delete
 NAME D BARNETT, SCOTT F.
 STREET ADDRESS 238 EAST DAVIS BLVD
 CITY-ST-ZIP TAMPA FL 33606

TITLE ☐ Delete
 NAME D BARNETT, SCOTT M
 STREET ADDRESS 7142 N.W. 66 TERRACE
 CITY-ST-ZIP PARKLAND FL 33067

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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TITLE ☐ Change ☐ ***
 NAME
 STREET ADDRESS
 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/2000
Date713.251.33
Daytime Phone #