

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2001 8:00 am**  
**Secretary of State**  
 04-17-2001 90178 011 \*\*\*150.00

**DOCUMENT # P97000068832**

1. Entity Name  
**BARNETT ENTERPRISES, INC.**

Principal Place of Business

Mailing Address

238 E. DAVIS BLVD.  
 TAMPA FL 33606-3756

238 E. DAVIS BLVD.  
 TAMPA FL 33606-3756

2. Principal Place of Business

*234 East Davis Boulevard*

3. Mailing Address

*234 East Davis Blvd.*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

*Tampa, FL*

City & State

*Tampa, FL*

Zip

Country

*33606*

*USA*

Zip

Country

*33606*

*USA*

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 title if applicable. (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, 2001 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	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>BARNETT, SCOTT F.</b>
STREET ADDRESS	<b>238 EAST DAVIS BLVD</b>
CITY-ST-ZIP	<b>TAMPA FL 33606</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>BARNETT, SCOTT M</b>
STREET ADDRESS	<b>7142 N.W. 66 TERRACE</b>
CITY-ST-ZIP	<b>PARKLAND FL 33067</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Barnett, Scott F.</b>
STREET ADDRESS	<b>234 East Davis Boulevard</b>
CITY-ST-ZIP	<b>Tampa, FL 33606</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 12 if changed, or on an attachment with an address, with a power like empowered.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/20/01*

Date

*813.257.3330*

Daytime Phone #

CR2E034 (10/00)