

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P97000072644

FILED
Apr 19, 2002 8:00 AM
Secretary of State

Entity Name: BARCODE AUTOMATION, INC.

Current Principal Place of Business:

100 STATE ROAD 419 STE 120
WINTER SPRINGS, FL 32708

New Principal Place of Business:

Current Mailing Address:

PO BOX 195268
WINTER SPRINGS, FL 327195268

New Mailing Address:

FEI Number: 59-3468361

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JARRETT, DOUG
229 TIDES ROAD
WINTER SPRINGS, FL 32708

Name and Address of New Registered Agent:

JARRETT, DOUG
100 STATE ROAD 419 STE 120
WINTER SPRINGS, FL 32708

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: _____

Electronic Signature of Registered Agent

04/19/2002

Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTS () Delete
Name: JARRETT, DOUG
Address: 229 TIDES RD.
City-St-Zip: WINTER SPRINGS, FL 32708

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PC (X) Change () Addition
Name: JARRETT, DOUG
Address: 100 STATE ROAD 419 STE 120
City-St-Zip: WINTER SPRINGS, FL 32708

Title: TD () Change (X) Addition
Name: JARRETT, THERESA
Address: 100 STATE ROAD 419 STE 120
City-St-Zip: WINTER SPRINGS, FL 32708

Title: SD () Change (X) Addition
Name: POPE, JIM
Address: 100 STATE ROAD 419 STE 120
City-St-Zip: WINTER SPRINGS, FL 32708

Title: D () Change (X) Addition
Name: FIELDS, RANDY
Address: 100 STATE ROAD 419 STE 120
City-St-Zip: WINTER SPRINGS, FL 32708

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOUG JARRETT

Electronic Signature of Signing Officer or Director

PC

04/19/2002

Date