

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000079094

1. Entity Name

~~PG'S, NETWORKS AND TECHNOLOGY, INC.~~  
**BARGER TECHNOLOGY INC.**

**FILED**  
**Mar 21, 2000 8:00 am**  
**Secretary of State**

03-21-2000 90043 039 \*\*\*158.75

Principal Place of Business

Mailing Address

2831 RINGLING BLVD #115-D  
SARASOTA FL 34237  
US

5047 BRANDEIS CIR. S.  
SARASOTA FL 34243-2905  
US

C0041162



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**8051 N. TAMiami TRAIL**

3. Mailing Address

**8051 N. Tamiami, Tr.**

Suite, Apt. #, etc.

**SUITE 36**

Suite, Apt. #, etc.

**Suite 36**

City & State

**SARASOTA, FL**

City & State

**Sarasota, FL**

Zip

**34243**

Country

Zip

**34243**

Country

4. FEI Number

**65-0781635**

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

~~DANIEL A BARGER~~

5047 BRANDEIS CIR S  
SARASOTA FL 34243

Name

**DUNHAM, JOHN R. III**

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

**LUTZ, WEBB & BOBO, PA**

**TWO N. TAMiami TRAIL, NO. 500**

City

**SARASOTA**

FL

Zip Code  
**34236**

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]*

**DANIEL A. BARGER**

**1/13/00**

Signature, typed or printed name of registered agent and fee 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, 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	<b>PDVSTCM BARGER, DANIEL A 5047 BRANDEIS CIR S SARASOTA FL 34243</b>	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**DANIEL A. BARGER** 1/13/00 941.351.0744

Date

Daytime Phone #

CR2E034 (9/99)