

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90238 007 ***150.00

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DOCUMENT # P97000089150



1. Entity Name
BARRETT SUPPLY, INC.

Principal Place of Business
6900 PHILLIPS HIGHWAY
SUITE 18
JACKSONVILLE FL 32216

Mailing Address
6900 PHILLIPS HIGHWAY
SUITE 18
JACKSONVILLE FL 32216



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3484023**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

HOLBROOK, H. LEON
ONE INDEPENDENT DRIVE
SUITE 2301
JACKSONVILLE FL 32202

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ **DATE** _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
T NAME: HUSTUS, TRISHA STREET ADDRESS: 6601 ORIOLE AVENUE CITY-ST-ZIP: JACKSONVILLE FL 32216	<input type="checkbox"/> Delete	VP NAME: [Blank] STREET ADDRESS: 6601 Oriole Avenue CITY-ST-ZIP: [Blank]	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
S NAME: BARRETT, ANDREW STREET ADDRESS: 15428 PLANTATION OAKS DR., #7 CITY-ST-ZIP: TAMPA FL 33647	<input type="checkbox"/> Delete	T NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
VP NAME: BARRETT, WALTER L STREET ADDRESS: 8571 ROYAL WOOD DRIVE CITY-ST-ZIP: JACKSONVILLE FL 32256	<input type="checkbox"/> Delete	S NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
P NAME: BARRETT, HELEN S STREET ADDRESS: 8571 ROYAL WOOD DRIVE CITY-ST-ZIP: JACKSONVILLE FL 32256	<input type="checkbox"/> Delete	[Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
[Blank]	<input type="checkbox"/> Delete	[Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
[Blank]	<input type="checkbox"/> Delete	[Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Trisha Hustus*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **3/26/03** Daytime Phone #: **904-296-1041**

CR2E034 (10/02)