

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91286 050 \*\*\*150.00

00595966 AV

**DOCUMENT # P97000106026**

**1. Entity Name**  
**BARRINEAU ESTATE, INC.**



**Principal Place of Business**  
**1840 COPLEY DRIVE**  
**PENSACOLA FL 32503**

**Mailing Address**  
**1840 COPLEY DRIVE**  
**PENSACOLA FL 32503**

11060001



**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number** **59-3482618**

Applied For  
Not Applicable

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**JACOBI, JEAN B**  
**1840 COPLEY DRIVE**  
**PENSACOLA FL 32503**

**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. 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**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	D	<input type="checkbox"/> Delete
NAME	JACOBI, JEAN B	
STREET ADDRESS	1840 COPLEY DRIVE	
CITY-ST-ZIP	PENSACOLA FL 32503	
TITLE	D	<input type="checkbox"/> Delete
NAME	MACKAY, WILLIAM R	
STREET ADDRESS	5775 BARRINEAU LANE	
CITY-ST-ZIP	MOLINO FL 32577	
TITLE		<input type="checkbox"/> Delete
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**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:**

*Jean B. Jacobi*  
**SIGNATURE REQUIRED**

*Jean B. Jacobi*  
**April 25, 2003 850 438-5819**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)