

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000005513

1. Entity Name

CLINTON BARRETT & ASSOC., INC.

FILED
May 13, 2000 8:00 am
Secretary of State

05-13-2000 90001 010 ***150.00

Principal Place of Business

4969 N.W. 92ND AVENUE
SUNRISE FL 33351

Mailing Address

4969 N.W. 92ND AVENUE
SUNRISE FL 33321-3768

2. Principal Place of Business

8727 N.W. 61st Street

Suite, Apt. #, etc.

TAMARAC

City & State

TAMARAC FL

Zip

33321

Country

BROWARD

3. Mailing Address

8727 N.W. 61st Street

Suite, Apt. #, etc.

TAMARAC FL

City & State

TAMARAC FL

Zip

33321

Country

BROWARD



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0806536

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

H & C PROFESSIONAL SERVICES, INC.
4969 N.W. 92ND AVENUE
SUNRISE FL 33351

7. Name and Address of New Registered Agent

Name

CLINTON BARRETT

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

8727 N.W. 61 Street

City

TAMARAC

FL

Zip Code

33321

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

C. G. R. Barrett

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/28/2000

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

TITLE	D	<input type="checkbox"/> Delete
NAME	BARRETT, CLINTON	
STREET ADDRESS	4969 N.W. 92ND AVENUE	
CITY-ST-ZIP	SUNRISE FL 33351	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARRETT, CLINTON	
STREET ADDRESS	8727 N.W. 61st Street	
CITY-ST-ZIP	TAMARAC, FL 33321	
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 all other like empowered.

SIGNATURE:

C. G. R. Barrett

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/2000

Date

(954) 724-7707

Daytime Phone #

CR2E034 (9/99)