

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000015038

1. Entity Name

BARKER'S SOFTWARE CONSULTING, INC.

FILED
Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90051 050 ***150.00

Principal Place of Business 6815 SWAIN AVENUE TAMPA FL 33625 7007 Potomac Circle River View FL, 33569	Mailing Address 6815 SWAIN AVENUE TAMPA FL 33569-1307 7007 Potomac Circle River View FL 33569
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 7007 Potomac Circle Suite, Apt. #, etc.	3. Mailing Address 7007 Potomac Circle Suite, Apt. #, etc.
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City & State River View FL	City & State River View FL
Zip 33569	Zip 33569
Country	Country

4. FEI Number 59-3509299	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

BARKER, MICHAEL W
6815 SWAIN AVENUE
TAMPA FL 33625

7. Name and Address of New Registered Agent

Name
BARKER, MICHAEL W
Street Address (P.O. Box Number is Not Acceptable)
7007 Potomac Circle
City
River View FL Zip Code
33569

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 _____ (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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD BARKER, MICHAEL W 6815 SWAIN AVENUE TAMPA FL 33625 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD BARKER, MICHAEL W 7007 Potomac Circle River View, FL 33569 <input checked="" 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: Michael W Barker Date: 4-15-2000 Daytime Phone #: 813-671-3411

CR2E034 (9/99)