

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 22, 2000 8:00 am**  
**Secretary of State**

02-22-2000 90001 021 \*\*\*150.00

**DOCUMENT # P98000020539**

1. Entity Name

**DAVID E. BARTON & ASSOCIATES, INC.**

Principal Place of Business

Mailing Address

— AIRPORT, SUITE 206  
 DESTIN FL 32541

1234 AIRPORT, SUITE 206  
 DESTIN FL 32541-2924

Principal Place of Business

**1217 AIRPORT ROAD**

3. Mailing Address

**1217 AIRPORT RD**

Suite, Apt. #, etc.

**Suite 417**

Suite, Apt. #, etc.

**Suite 417**

City & State

**Destin, FL**

City & State

**Destin, FL**

Zip

**32541**

Country

**USA**

Zip

**32541**

Country

**USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-3504209**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**PLEAT, DAVID B**  
**4477 LEGENDARY DRIVE, SUITE 202**  
**DESTIN FL 32541**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

ST-ZIP	ADDRESS	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1217 AIRPORT ROAD, Suite 417	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
ST-ZIP	ADDRESS	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change <input type="checkbox"/> Addition <input type="checkbox"/>
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-15-00**

Date

**850-654-9006**

Daytime Phone #

CR2E034 (9/99)