

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Aug 01, 2000 8:00 am**  
**Secretary of State**

08-01-2000 90006 011 \*\*\*150.00

**DOCUMENT # P98000022989**

1. Entity Name

**BARRETT ENTERPRISES, INC.**

Principal Place of Business

1630 SE FEDERAL HWY  
STUART FL 34994

Mailing Address

1630 SE FEDERAL HWY  
STUART FL 34994

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

65-0821967

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

MCNICHILLOS, MICHAEL J ESQ.  
320 WEST OCEAN BLVD.  
STUART FL 34994

7. Name and Address of New Registered Agent

Name

Michael J. McNicholas, Esq.

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

320 WEST OCEAN BLVD.

City

STUART

FL

Zip Code

34994

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Michael J. McNicholas, Esq. 7/24/00

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 \$550.00****After SEPTEMBER 13, 2000 Min. will be \$750.00  
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
	P	BARRETT, DEAN	519 S RIVERPOINT DR STUART FL 34994	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	ST	BARRETT, NOVANNA	519 S RIVERPOINT DR STUART FL 34994	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE REQUIRED Barrett

7/24/00

(561) 223-1978

Attachment PR800000000989

80104052

# **STUART GRILL & ALE**

**1630 S. Federal Highway  
Stuart, Florida 34994  
(561) 223-1978 Fax (561) 223-7260**

To whom it may concern:

The paperwork for our Corporate Renewal Form must have been delivered to another business in our complex as I did not receive until last week. I am enclosing a check for my renewal fee. If you have any questions please contact me at:

Stuart Grill and Ale  
Novanna Barrett  
561-223-1978

Thank You

A handwritten signature in black ink, appearing to be 'Novanna Barrett', written over the 'Thank You' text.

148000502189  
B0104052

Telephone (561) 781-0411  
Facsimile (561) 781-0418

State of Florida  
Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Sincerely,  
  
Michael J. McNicholas