2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Apr 09, 2001 8:00 am Secretary of State DOCUMENT # **P98000032453** 1. Entity Name BARNETT DRIVE PLANNING CORP. 04-09-2001 90030 034 ***150.00 Principal Place of Business Mailing Address 12298 SAWGRASS COURT 12298 SAWGRASS COURT AUU44U17 WELLINGTON FL 33414 WELLINGTON FL 33414 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0840013 Not Applicable Countr \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BERGERON, MARC 12298 SAWGRASS CT WELLINGTON FL 33414 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 ered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Delete Change CR2E034 (10/00) TITLE TITLE Addition NAME NAME BERGERON, MARC STREET ADDRESS STREET ADDRESS 12298 SAWGRASS COURT CITY-ST-ZIF CITY-ST-ZIP WELLINGTON FL 33414 ☐ Delete TITLE TITI F NAME BERGERON, MARGARET NAME STREET ADDRESS STREET ADDRESS 12298 SAWGRASS COURT CITY-ST-ZIP CITY-ST-ZIP <u>WELLINGTON FL 33414</u> TITLE ☐ Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ___ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.