

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000035706

1. Entity Name
BARNES PROPERTIES, INC.

Principal Place of Business

709 A NORTH US 1
FORT PIERCE FL 34950

Mailing Address

709 A NORTH US 1
FORT PIERCE FL 34950-9125

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

BARNES, CLIFFORD
1711 N. 25TH STREET STE. A
FORT PIERCE FL 34947

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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 **DTS** ☐ Delete
NAME **BARNES, BETTY J**
STREET ADDRESS **1711 N. 25TH STREET STE. A**
CITY-ST-ZIP **FORT PIERCE FL 34947**

TITLE **DP** ☐ Delete
NAME **BARNES, CLIFFORD**
STREET ADDRESS **1711 N. 25TH STREET STE. A**
CITY-ST-ZIP **FORT PIERCE FL 34947**

TITLE **V** ☐ Delete
NAME **GAYLE, TONYA L**
STREET ADDRESS **1711 N. 25TH STREET STE. A**
CITY-ST-ZIP **FORT PIERCE FL 34947**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90040 037 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)