

2002

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90100 040 ***150.00

DOCUMENT # P98000035706

1. Entity Name

Barnes Properties, Inc. ✓

DO NOT WRITE IN THIS SPACE

659761

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

709 A North US1

Suite, Apt. #, etc.

3. Mailing Address

709 A North US1

Suite, Apt. #, etc.

City & State

Fort Pierce, FL

City & State

Fort Pierce, FL

4. FEI Number

65-0833799

Applied For

Not Applicable

Zip

34950

Country

US

Zip

34950

Country

US

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Clifford Barnes

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

1711 N. 25th Street Ste A

City

Fort Pierce

FL

Zip Code

34947

**DO NOT WRITE
IN THIS SPACE**

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)☐

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$50.00
Amended UBR is \$61.25
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
NAME	Barnes, Betty J
STREET ADDRESS	1711 N 25th Street Ste.A
CITY-ST-ZIP	Fort Pierce, FL 34947
TITLE	DP
NAME	Barnes, Clifford
STREET ADDRESS	1711 N. 25th. Street Ste. A
CITY-ST-ZIP	Fort Pierce, FL 34947
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Clifford Barnes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02

Date

772-464-2389

Daytime Phone #

CR2E034B (12/01)