

2000 UNIFORM BUSINESS REPORT (UBR)

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

02-05-2000 90049 002 ***150.00

DOCUMENT # P98000074896

1. Entity Name

JOHN T. BARNES, INC.

Principal Place of Business

**904 ANGIE LANE
PACE FL 32571**

Mailing Address

**904 ANGIE LANE
PACE FL 32571-9333**

2. Principal Place of Business

904 Angie Lane

Suite, Apt. #, etc.

3. Mailing Address

904 Angie Lane

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

PACE, FL 32571-9333

City & State

PACE, FL 32571-9333

4. FEI Number

59-3545250

Applied For

Not Applicable

Zip

32571-9333

Country

USA

Zip

32571-9333

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BARNES, JOHN T
904 ANGIE LANE
PACE FL 32571**

Name

John T. Barnes

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

904 Angie Lane

City

Pace

FL

Zip Code

32571-9333

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 **PD** ☐ Delete
NAME **BARNES, JOHN T**
STREET ADDRESS **904 ANGIE LANE**
CITY-ST-ZIP **PACE FL 32571**

TITLE **STD.** ☐ Delete
NAME **COOKE, BILL G**
STREET ADDRESS **4680 CHUMUCKLA RD**
CITY-ST-ZIP **PACE FL 32571**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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TITLE ☐ Change ☐ Add
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:

John T. Barnes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN T. BARNES

2/2/2000

850-994-4151

Date

Daytime Phone #