

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2002 8:00 am
Secretary of State

02-25-2002 90043 045 ***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

2. Principal Place of Business
6158 Walter Ave.
 Suite, Apt. #, etc.

3. Mailing Address
6158 Walter Ave.
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Milton, FL 32570-3442

City & State
Milton, FL 32570-3442

4. FEI Number
59-3545250

Applied For
☒ Not Applicable

Zip
32570-3442

Country
Santa Rosa

Zip
32570-3442

Country
Santa Rosa

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
BARNES, JOHN T

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

6158 Walter Ave.

City
MILTON

FL

Zip Code
32570-3442

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.

32570-3442

SIGNATURE

John T. Barnes

Feb. 11, 2002

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
PD
 NAME
BARNES, JOHN T.
 STREET ADDRESS
6158 Walter Ave.
 CITY-ST-ZIP
Milton, FL 32570-3442

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
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 CITY-ST-ZIP

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TITLE
 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

Feb. 2, 2002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)