

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 14, 2002 8:00 am**  
**Secretary of State**

08-14-2002 90027 022 \*\*\*150.00

**DOCUMENT # P98000078183**

1. Entity Name  
**BARDEN SERVICES, INC.**

Principal Place of Business  
**6404 MANATEE AVENUE WEST**  
**SUITE J**  
**BRADENTON FL 34209**

Mailing Address  
**6404 MANATEE AVENUE WEST**  
**SUITE J**  
**BRADENTON FL 34209**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**Manatee**

4. FEI Number **65-0864101**

Applied For

Not Applicable

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

**AMERILAWYER**  
**343 ALMERIA AVENUE**  
**CORAL GABLES FL 33134**

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PSTD FORTE, DENISE**  
**6404 MANATEE AVE. W. SUITE J**  
**BRADENTON FL 34209**

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CR2E034 (4/02)

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Attachment*

998000078183

# **Bradenton Family Chiropractic Clinic**

**Barry W. Sutphin, D.C.**

6404 Manatee Avenue West  
Suite J

Bradenton, FL 34209

Ph(941)794-3705

Fax(941)795-7443

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August 12, 2002

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, Florida 32302-1500

Re: Barden Services, Inc.  
FEI #: 65-0864101

Dear Sir/Madam,

This letter is a request to waive the penalty fee for late filing. We did not receive the original bill or notification of filing. This was not brought to my attention until we received the enclosed letter for late fee. I know the ultimate responsibility is ours, but I ask for your understanding as we have never been late in the past.

Sincerely,



Denise Forté  
Barden Services, Inc.  
D/B/A Bradenton Family Chiropractic Clinic