

**AMEND FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P98000102558**

1. Entity Name

**Barbara Paul Construction, Inc.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 NOV -6 AM 10:22

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**Route 1, Box 31A**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**Lamont, Florida**

City & State

4. FEI Number

**59-3545478**

Applied For

Not Applicable

Zip

**32336**

Country

**Madison**

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **BARBARA PAUL**

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

**Rt. 1, Box 31-A**

City

**Lamont**

**FL**

Zip Code

**32336**

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

**Barbara Paul**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**11-6-02**

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 \$550.00**

**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>President BARBARA PAUL Rt. 1, Box 31-A Lamont, FL 32336</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V-President Kenneth Gray Rt. 1, Box 31-A Lamont, FL 32336</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>800008831428 11/06/02--01045--006 **\$61.25</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
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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:

**Barbara Paul**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**11-6-02**

Date

**850-264-6917**

Daytime Phone #

CR2E034B (12/01)