

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

DOCUMENT # **P98000102558**

1. Entity Name

**Barbara Paul Construction**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**2767 Thompson Valley Rd**

Suite, Apt. #, etc.

3. Mailing Address

**1200 North Clark Street**

Suite, Apt. #, etc.

City & State

**Monticello, Florida**

City & State

**Milledgeville, Ga**

Zip

**32344**

Country

**Tennessee**

Zip

**31061**

Country

**Baldwin**

4. FEI Number

**59-3545478**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

**Barbara Bridges Paul**

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

**2767 Thompson Valley Road**

City

**Monticello**

**FL**

Zip Code

**32344**

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)

**11-18-03**

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 \$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  
**President  
Barbara B Paul  
1200 North Clark Street  
Milledgeville, Ga 31061**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Vice-President  
Kenneth Gray  
1200 North Clark Street  
Milledgeville, Ga 31061**

TITLE  
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CITY-ST-ZIP

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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:

**Barbara Paul**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**11-18-03**

Date

Daytime Phone #

CR2E034B (12/01)

**FILED**

**03 NOV 18 AM 2:18**

**SECRETARY OF STATE  
TALLAHASSEE FLORIDA**

DO NOT WRITE IN THIS SPACE

11-18-03

2652

I did not receive my 2003 HBR notices.

Barbara Paul