

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90061 021 ***150.00

DOCUMENT # P98000104880

1. Entity Name
OLD BARN, INC.

Principal Place of Business
533 TURTLE HATCH LANE
NAPLES FL 34103

Mailing Address
533 TURTLE HATCH LANE
NAPLES FL 34103



2. Principal Place of Business

3. Mailing Address

2375 Terra Verde Ln.
 Suite, Apt. #, etc.

2375 Terra Verde Ln
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
NAPLES FL.

City & State
NAPLES FL.

4. FEI Number **59-3611579**

Applied For
 Not Applicable

Zip **34105** Country **USA**

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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MORRISON, DAVID N
3838 TAMiami TRAIL NORTH, SUITE 402
NAPLES FL 34103

7. Name and Address of New Registered Agent

Name **MARIC BATES**
 Street Address (P.O. Box Number is Not Acceptable)
2375 TERRA VERDE LN
 City **NAPLES** FL Zip Code **34105**

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 **MARK BATES** *Mark C Bates (PRES.)*

2-18-02

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 NAME STREET ADDRESS CITY-ST-ZIP	PS BATES, MARK C 533 TURTLE HATCH LANE 2375 Terra Verde Ln. NAPLES FL 34103 34105	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **MARK C BATES**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-18-02 **941/593-3499**

Date

Daytime Phone #

CR2E034 (9/01)