FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 1 P99000018453

1. Entity Name

DC Barrett International, Inc

DO NOT WRITE IN THIS SPACE

FILED
03 FEB 24 PM 4:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4897 Quiet OAK LN.	P.O. Box 2102
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ORLANDO	City & State: Orlando, FL. 34786
Zip: ~~34786~~ 32819 / Country: USA	Zip: 34786 / Country: USA

4. FEI Number: 59-3665181 ☐ Applied For ☐ Not Applicable

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: Debits & Credits Group Inc.

Street Address (P.O. Box Number is Not Acceptable): 6955 Hanging Moss Rd. Suite 106

City: ORLANDO FL Zip Code: 32807

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 ____________________
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 enter 3 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 Scott T. Barrett 34786 4897 Quiet OAK LN. Orl. FL.	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	900014092769 03/14/03--01068--009 **150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer/V.P. Elizabeth Moseley 4430 Pine Bark Ave Orlando, FL. 32811	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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CR2E034B (12/01)

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: [signature] President 2/21/03 407 808 5544
Signature and typed or printed name of signing officer or director — Date — Daytime Phone #