

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000042331

1. Entity Name

BARNETT LABOR, INC.

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90068 043 ***150.00

Principal Place of Business	Mailing Address
2695 NORTH MILITARY TRAIL BAY NO. 27 WEST PALM BEACH FL 33409	2695 NORTH MILITARY TRAIL BAY NO. 27 WEST PALM BEACH FL 33409-2974

2. Principal Place of Business	3. Mailing Address
3680 INVESTMENT LANE Suite, Apt. #, etc. #1	3680 INVESTMENT LANE Suite, Apt. #, etc. #1

City & State	City & State
RIVIERA BEACH	RIVIERA BEACH, FL
Zip	Zip
33404	33404
Country	Country
USA	USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0916097 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

BARNETT, DANIEL S
2695 NORTH MILITARY TRAIL
BAY NO. 27
WEST PALM BEACH FL 33409

7. Name and Address of New Registered Agent

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.

SIGNATURE DANIEL BARNETT

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, 2000 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

TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	DANIEL BARNETT	
STREET ADDRESS	333 KINGSHER	
CITY-ST-ZIP	JUPITER, FL, 33458	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/00 5618407787
Date Daytime Phone #