

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT P99000053662

1. Entity Name
BARKER, INC.



FILED

03 OCT -2 AM 10:52

Principal Place of Business
12380 NW HWY 19
CHIEFLAND FL 32626

Mailing Address
12380 NW HWY 19
CHIEFLAND FL 32626



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3581994**

Applied For
Not Applicable

Zip Country

Zip Country

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BARKER, OSBORN G
1218 NW 19TH AVENUE
PO BOX 1836
CHIEFLAND FL 32626

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
BARKER, OSBORN G
1218 NW HWY 19-PO BOX 1836
CHIEFLAND FL 32626

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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VS
BAKER, LORI A
1218 NW HWY 19 - PO BOX 1836
CHIEFLAND FL 32626

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CITY-ST-ZIP
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Donna A. Barker / *Lori Barker* 9/30/03 352-493-1398
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0126927 AT

CR2E034 (4/03)

September 30, 2003

Division of Corporations
Uniform Business Report Filings
P.O. Box 6327
Tallahassee, Fl. 32314

ATTN: Reinstatement Division
RE: P99000053662 Barker Inc.

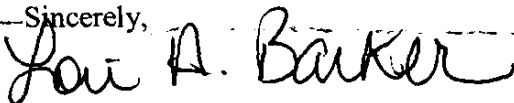
To Whom It May Concern:

I previously filed on 040303 online, all of my entries were accepted when I tried to print my receipt I was not able at that time I called and was told to check in a couple of days but it looked like all was ok.

I received my 2nd filing and tried to access but was told I already had job on cue; I emailed individuals w/ no response. I am submitting this application for 2003 UBR w/ \$150.00 in hopes that we could receive a waiver as we have never filed late previously.

Your consideration is greatly appreciated.

Sincerely,

A handwritten signature in cursive script that reads "Lori A. Barker". The signature is written in dark ink and is positioned above the printed name and title.

Lori A. Barker
Vice President
Barker Inc., DBA Chiefland Aluminum