# 2000 UNIFORM BUSINESS REPORT (UBR)

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**FILED**
**Aug 17, 2000 8:00 am**
**Secretary of State**
07-26-2000 90009 049 ***150.00

DOCUMENT # P99000073065

1. Entity Name
BARBWIRE, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| ~~514 SW 2ND AVENUE~~ 7951 SE 200 AVE<br>~~OCALA FL 34474~~ MORRISTON, FL. 32668 | ~~514 SW 2ND AVENUE~~<br>~~OCALA FL 34474~~ |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 59-3593437 ☐ Applied For ☐ Not Applicable

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

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| TAYLOR, BARBARA<br>~~514 SW 2ND AVENUE~~<br>~~OCALA FL 34474~~<br>7951 SE 200 AVE<br>MORRISTON, FL. 32668 | Name: Barbara Taylor<br>Street Address (P.O. Box Number is Not Acceptable): 7951 SE 200th AVE<br>City: MORRISTON FL Zip Code: 32668 |

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 Taylor 7/20/00
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 $550.00**
**After SEPTEMBER 13, 2000 Min. will be $750.00**
**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 | PD<br>TAYLOR, BARBARA<br>~~514 SW 2ND AVENUE~~ 7951 SE 200 AVE<br>~~OCALA FL 34474~~ MORRISTON, FL 32668 | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |
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CR2E034 (5/00)

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:** Barbara Taylor 7/20/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Doc# P990000 73065
309268

Attachment
Doc# P990000 73065

Dear State Officials,

This year is the first year of being incorperated. The 2000 UBR was sent to my accountant and I never received the first request. I have changed the address on this report and I'm sending in a CK for $150.00. Please accept my sincere ~~apology~~ apologe, and my CKeck.

Sincerely,
Barbara Taylor
(Barbara Taylor)