2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P99000080696** May 02, 2000 8:00 am 1. Entity Name Secretary of State DON BARTON & ASSOCIATES, INC. 05-02-2000 90026 033 ***150.00 Principal Place of Business Mailing Address 5013 ORTEGA FOREST DRIVE 5013 ORTEGA FOREST DRIVE JACKSONVILLE FL 32210 JACKSONVILLE FL 32210-8113 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DONALD E BARTON DOYLE, WILLIAM E ESQ. Street Address (P.O. Box Number is Not Acceptable) 2002 SOUTHSIDE BOULEVARD SUITE 201 5013 Ortega Forest Drive JACKSONVILLE FL 32216 <u>Jacksonville</u> 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. Barton, President Donald E FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Addition ☐ Change ☐ Delete TITLE TITLE BARTON, DON NAME NAME STREET ADDRESS 5013 ORTEGA FOREST DRIVE STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32210 CITY-ST-ZIP ☐ Change Addition TITLE TITLE ☐ Delete Secretary NAME Shirley H Barton NAME STREET ADDRESS STREET ADDRESS 5013 Ortega Forest Drive CITY-ST-ZIP CITY-ST-ZIP Jacksonville, FL 3221 Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Change □ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE: Donald EDBarton, President 4/24/00 904-389-6976

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