2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000084802

FILED
Apr 22, 2000 8:00 am
Secretary of State
04-22-2000 90113 013 ***150.00

1. Entity Name

W.L. BARBER, INC.

Principal Place of Business	Mailing Address
6121 N.W. 29TH TERRACE GAINESVILLE FL 32653	6121 N.W. 29TH TERRACE GAINESVILLE FL 32653-1837

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 59-3604149 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BARBER, WILLIAM L
6121 N.W. 29TH TERRACE
GAINESVILLE FL 32653

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: [signature] WILLIAM L. BARBER, PRESIDENT 4/11/00

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 $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	D	☐ Delete
NAME	BARBER, WILLIAM L	
STREET ADDRESS	6121 N.W. 29TH TERRACE	
CITY-ST-ZIP	GAINESVILLE FL 32653	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D/P/T/T	☐ Change ☑ Addition
NAME	BARBER, WILLIAM L.	
STREET ADDRESS	6121 NW 29 TERRACE	
CITY-ST-ZIP	GAINESVILLE, FL 32653	
TITLE	V/S	☐ Change ☑ Addition
NAME	PATALINGHUG, REMEDIOS "NIKITA"	
STREET ADDRESS	5524 NW 67 ST	
CITY-ST-ZIP	GAINESVILLE, FL 32653	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
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] WILLIAM L. BARBER PRESIDENT 4/11/00