

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 90053 027 ***150.00

0588973 AT

DOCUMENT # P99000084802

1. Entity Name

W.L. BARBER, INC.

Principal Place of Business

**6121 N.W. 29TH TERRACE
 GAINESVILLE FL 32653**

Mailing Address

**6121 N.W. 29TH TERRACE
 GAINESVILLE FL 32653**

2. Principal Place of Business

10703 CR 1469 NE

Suite, Apt. #, etc.

3. Mailing Address

POB 129

Suite, Apt. #, etc.

City & State

EARLETON FL

City & State

EARLETON, FL

Zip

32631

Country

USA

Zip

32631

Country

USA

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 **BARBER, WILLIAM L.**

Street Address (P.O. Box Number is Not Acceptable)

10703 CR 1469 NE

City **EARLETON**

FL

Zip Code **32631**

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

WILLIAM L. BARBER, PRES

(NOTE: Registered Agent signature required when reinstating)

3/24/02

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 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
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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 **PRES.** ☒ Change ☐ Addition
 NAME **BARBER, WILLIAM L.**
 STREET ADDRESS **POB 129**
 CITY-ST-ZIP **EARLETON, FL 32631**

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

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

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 NAME
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/02 (552) 538-3952

Date

Daytime Phone #

CR2E034 (9/01)