FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91160 032 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000084802

1. Entity Name
W.L. BARBER, INC.

Principal Place of Business	Mailing Address
10703 CR 1469 NE EARLETON, FL 32631	POB 129 GAINESVILLE, FL 32653

2. Principal Place of Business	3. Mailing Address
10703 NE CR 1469	PO Box 129
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Earleton, FL	City & State: Earleton, FL
Zip: 32631 Country: USA	Zip: 32631 Country: USA

☐ CHECK HERE IF MAKING CHANGES

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
10703 CR 1469 NE
EARLETON, FL 32631

7. Name and Address of New Registered Agent

Name: Barber, William L.
Street Address (P.O. Box Number Is Not Acceptable): 10703 NE CR 1469
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] William L. Barber, President DATE 4/29/03

Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent Signature required when reinstating

FILING FEE IS $150.00
After May 1, 2003, Fee will be $550.00
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

TITLE	P	☐ Delete
NAME	BARBER, WILLIAM L	
STREET ADDRESS	POB 129	
CITY-ST-ZIP	EARLETON, FL 32631	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

CR2E034 (10/02)

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: [signature] WILLIAM L. BARBER PRESIDENT 4/29/03 (352) 538-3952

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #