

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # S06699**

1. Entity Name

**CONTRACTORS BARRICADES SERVICES, INC.****FILED**  
**Apr 26, 2000 8:00 am**  
**Secretary of State**

04-26-2000 90171 002 \*\*\*150.00

00038750



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
C/O JOE H. ANDERSON, III HWY. 349 N., (1 MILE NORTH OF OLD TOWN) OLD TOWN FL 32680 US	P.O. DRAWER 2349 LAKE CITY FL 32056-2349

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	59-3035751	Applied For
		Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
NORRIS, JOHN E. 201 N. MARION ST. SUITE 301 LAKE CITY FL 32055

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, 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	PD <input type="checkbox"/> Delete
NAME	ANDERSON, JOE H., III
STREET ADDRESS	HWY 349 N.
CITY-ST-ZIP	OLD TOWN FL
TITLE	VST <input type="checkbox"/> Delete
NAME	ANDERSON, M. DOUGLAS
STREET ADDRESS	HWY 349 N.
CITY-ST-ZIP	OLD TOWN FL
TITLE	D <input type="checkbox"/> Delete
NAME	ANDERSON, M DOUGLAS
STREET ADDRESS	HWY 349 N
CITY-ST-ZIP	OLD TOWN FL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: M. Douglas Anderson  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR4-21-00  
Date

Daytime Phone #

CR2E034 (9/99)