

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90157 011 ***150.00

DOCUMENT # S18326

1. Entity Name
BARR SAMPSON SAMPSON ASSOCIATES, INC.

Principal Place of Business

1012 PBL BLVD.
 WEST PALM BEACH FL 33401
 US

Mailing Address

13484 NW 6TH DR.
 FT. LAUDERDALE FL 33325
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

13484 NW 6 DRIVE

Suite, Apt. #, etc.

City & State

PLANTATION, FLORIDA

Zip

33325

Country

USA

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

ERIK VON OSTRAND
GUARDIAN MANAGEMENT, INC.
1660 SOUTHERN BOULEVARD SUITE K
WEST PALM BEACH FL 33406

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

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, 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	ST	<input type="checkbox"/> Delete
NAME	BARR, BEATRICE	
STREET ADDRESS	13484 NW 6TH DR.	
CITY-ST-ZIP	PLANTATION FL 33325	
TITLE	P	<input type="checkbox"/> Delete
NAME	DEAN, HENRY	
STREET ADDRESS	214 KINGBURY AVENUE	
CITY-ST-ZIP	ELMIRA NY 14901	
TITLE	1VP	<input type="checkbox"/> Delete
NAME	SAMPSON, LORENZO	
STREET ADDRESS	920 TRINITY AVENUE # 3H	
CITY-ST-ZIP	BRONX NY 10456	
TITLE	2VP	<input type="checkbox"/> Delete
NAME	SAMPSON, CHARLYCE	
STREET ADDRESS	4360 NAYCHESTER AVENUE	
CITY-ST-ZIP	BRONX NY 10466	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	4360 BAYCHESTER AVENUE #6A
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: **Beatrice Barr - BEATRICE BARR** 2/17/02 954-846-0834
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)