

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 08, 2003 8:00 am**  
**Secretary of State**

01-08-2003 90147 042 \*\*\*155.00

**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.  
PLANTATION FL 33325  
US**

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 **NOT APPLICABLE**

Applied For  
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name **ERIK STONE**  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **ST** ☐ Delete  
NAME **BARR, BEATRICE**  
STREET ADDRESS **13484 NW 6TH DR.**  
CITY-ST-ZIP **PLANTATION FL 33325**

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

TITLE **P** ☐ Delete  
NAME **DEAN, HENRY**  
STREET ADDRESS **214 KINGBURY AVENUE**  
CITY-ST-ZIP **ELMIRA NY 14901**

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

TITLE **1VP** ☐ Delete  
NAME **SAMPSON, LORENZO**  
STREET ADDRESS **920 TRINITY AVENUE # 3H**  
CITY-ST-ZIP **BRONX NY 10456**

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

TITLE **2VP** ☐ Delete  
NAME **SAMPSON, CHARLYCE**  
STREET ADDRESS **4360 BAYCHESTER AVENUE #6A**  
CITY-ST-ZIP **BRONX NY 10466**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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: **Beatrice L. Barr** **BEATRICE L. BARR** 1/5/03 9548460834  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)