

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 25, 2001 8:00 am
Secretary of State

07-25-2001 90009 021 ***550.00

0249253

DOCUMENT # S94800

1. Entity Name

BARBEE AND ASSOCIATES, P.A.

Principal Place of Business 3201 W COMMERCIAL BLVD STE 114 LAKESHORE BUSINESS CENTER FT. LAUDERDALE FL 33309 US	Mailing Address 3201 W COMMERCIAL BLVD STE 114 LAKESHORE BUSINESS CENTER FT. LAUDERDALE FL 33309 US
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00060526



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Barbee & Associates, Inc
 Airport Commerce Park, #116
 4101 Ravenswood Road
 Fort Lauderdale, FL 33312

3. Mailing Address

Barbee & Associates, Inc
 Airport Commerce Park, #116
 4101 Ravenswood Road
 Fort Lauderdale, FL 33312

FEI Number 65-0296553	Applied For Not Applicable
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Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BARBEE, JOHN P.
 1141 NE 27TH AVE
 POMPANO BEACH FL 33062

7. Name and Address of New Registered Agent

Name John P. Barbee
 Street Address (P.O. Box Number is Not Acceptable) 333 17th Street, Suite K
 City Vero Beach, FL FL Zip Code 32960

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]

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

(NOTE: Registered Agent signature required when reinstating)

7/19/01
 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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	PD BARBEE, JOHN P 1141 NE 27TH AVE POMPANO BEACH FL 33062 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BARBEE, JOHN P 1141 NE 27TH AVE POMPANO BEACH FL 33062 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. PARTNERS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	John P. Barbee, Barbee, P.A. <input type="checkbox"/> Addition 333 17th Street, Suite K Vero Beach, FL 32960
TITLE NAME STREET ADDRESS CITY-ST-ZIP	John P. Barbee, Barbee, P.A. <input type="checkbox"/> Change <input type="checkbox"/> Addition 333 17th Street, Suite K Vero Beach, FL 32960
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/19/01
 Date

Daytime Phone #

CR2E034 (10/00)