

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V00157

1. Entity Name

THE BARLOW GROUP, INC.

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90134 046 ***150.00

Principal Place of Business

3412 CLARK ROAD
#1946
SARASOTA FL 34231
US

Mailing Address

3412 CLARK ROAD
#1946
SARASOTA FL 34241
US

2. Principal Place of Business

6565 SUPERIOR AVENUE

3. Mailing Address

Suite, Apt. #, etc.

City & State

SARASOTA, FL

City & State

Zip

34231

Country

USA

4. FEI Number

65-0300674

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WEIST, JONE BARLOW
3761 FERGUSON STREET
SARASOTA FL 34233

7. Name and Address of New Registered Agent

Name

WEIST, JONE BARLOW

Street Address (P.O. Box Number is Not Acceptable)

6565 SUPERIOR AVENUE

City

SARASOTA

Zip Code

34231

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, 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
PSTD
WEIST, JONE BARLOW
3412 CLARK ROAD #1946
SARASOTA FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11:

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

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

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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/24/01

(941) 927-1946

Date

Daytime Phone #

CR2E034 (10/00)