

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2002 8:00 am
Secretary of State

09-12-2002 90001 029 ***150.00

DOCUMENT # P00000060939

1. Entity Name
GAIL BARLOW, PA

Principal Place of Business Mailing Address

3951 GULF SHORE BLVD., APT. 101 **3951 GULF SHORE BLVD., APT. 101**
NAPLES FL 34103 **NAPLES FL 34103**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

1980 WILLOW BEND CIR. **1980 WILLOW BEND CIR**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
#102 **#102**

City & State City & State

NAPLES, FLORIDA **NAPLES, FLORIDA**

Zip Country Zip Country

34109 **USA** **34109** **USA**

4. FEI Number Applied For

59-3653716 Not Applicable

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

6. Name and Address of Current Registered Agent

BARLOW, GAIL
3951 GULF SHORE BLVD., APT. 101
NAPLES FL 34103

7. Name and Address of New Registered Agent

Name: **BARLOW, GAIL**
 Street Address (P.O. Box Number is Not Acceptable): **1980 WILLOW BEND CIR**
#102
 City: **NAPLES** FL Zip Code: **34109**

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: *Gail Barlow* *GAIL BARLOW*
 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 \$550.00
After September 13, 2002 Fee will be \$750.00
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	D <input type="checkbox"/> Delete
NAME	BARLOW, GAIL
STREET ADDRESS	3951 GULF SHORE BLVD., APT. 101
CITY-ST-ZIP	NAPLES FL 34103
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	
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	

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: *Gail Barlow* **09/09/02** **(239) 514-1577**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)

Attachment

980122

#R0000060939

Florida Dept of State
Division of Corporations

Re: FEI # 59-3653714
GAIL BARLOW

To Whom it May Concern.

I did not receive my 15th Notice
in January. Please accept my \$150⁰⁰

Thank you
Gail Barlow

~~My change of address did not become~~
effective until August of this year
This would not have been the cause
of the 15th Notice not being received