


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
03 APR 21 PM 1:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F01000002076
1. Entity Name
Red Barn Associates, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6206 N. 27th Street
Suite, Apt. #, etc.
AR

3. Mailing Address
6206 N. 27th Street
Suite, Apt. #, etc.

City & State
Arlington, Virginia

City & State
Arlington, Virginia

Zip
22207

Country
USA

DO NOT WRITE IN THIS SPACE

4. FEI Number
32-0030576

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street

City
Tallahassee

FL 32301

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/T/D Alexander Landler 88 West Riverside Drive Jupiter, Florida 33469	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900017078449 04/25/03--01019--009 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/S/ Lee Machette 6206 N. 27th Street Arlington, Virginia 22207	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BK
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Lee Machette Lee Machette, Vice President 4/16/03 (703) 534-5204
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)