2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # F9800001067 1. Entity Name BAREBO, INC.						FILED Feb 19, 2001 8:00 am Secretary of State 02-19-2001 90068 047 ***150.00					
Principal Place 3840 MAIN ROA EMMAUS PA 18		Mailing Address 3840 MAIN ROAD EAST EMMAUS PA 18049				1 (180 (48 (118))2275 ¹		11 2 01 4 1 06 1	
2. Principal F	Place of Business	3. Mailing Address									
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & Stat	le	City & State				4. FEI Number	23-2127597			pplied For ot Applicable	-
Zip Country		Zip	Count	try	5. Certificate of Status Desired			\$9.75 Additional			
	- 6-Name and Address of Curren	nt Registered Agent				7. Name and Ad	dress of New Re	egistered Aç	jent		1
MORGAN, WILLIAM 1811 SW 22ND ST. CAPE CORAL FL 33991				Name Street Ad	Idress (P.	O. Box Number is	Not Acceptable)		·-	- -
				City	-			FL	Zip Code		┨
Tax filing i	Signature, typed or printed name of registered age or attion is eligible to satisfy its intangible requirement and elects to do so. ria on back)	FILE NOW!	!! FEE !	will be \$55	0 50.00	10. Election	on Campaign Fine fund Contribution			0 May Be to Fees	
11.		D DIRECTORS	12.			ADDITIONS/CH	ANGES TO OFFI	CERS AND [DIRECTORS	3 IN 11	1_
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP BAREBO, CHARLES A 3840 MAIN ROAD EAST EMMAUS PA 18049	☐ Delete		l l					□ Change	Addition	CR2E034 (10/00)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CV BAREBO, THERESA L 3840 MAIN ROAD EAST EMMAUS PA 18049	☐ Delete		- 1					Change	Addition	SE
NAME STREET ADDRESS CITY-ST-ZIP	BAREBO, CHARLES V 3840 MAIN ROAD EAST EMMAUS PA 18049	. حب سر Delete. الله عند الله الله الله الله الله الله الله الل	NAME STREE	1				. [Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BAREBO-OTT, CARLA V 3840 MAIN ROAD EAST EMMAUS PA 18049	☐ Delete		i					Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BAREBO, CHRISTOPHER V 3840 MAIN ROAD E. EMMAUS PA 18049	☐ Delete		T ADDRESS ST-ZIP				{	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		T ADDRESS ST-ZIP				[Change	Addition	
13. I hereby of indicated of the cor	certify that the information supplied with on this report or supplemental report poration or the receiver or trustee emporation an attachment with an arthrese	th this filing does not qualify for is true and accurate and that m powered to execute this report	the exen ny signatu as require	nption state ure strall ha ed by Ghap	ed in Secti ve the sai oter 607, F	on 119.07(3)(i), F me legal effect as Torida Statutes; a	lorida Statutes. I if made under o nd that my name	further certify ath; that I am appears in I	y that the in an officer Block 11 or	formation or director Block 12 if	