

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90142 012 ***158.75

DOCUMENT # G47610

1. Entity Name
BAR-FAB OF FLORIDA, INC.

D0003289



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
C/O VICKI LACINA C/O VICKI LACINA
12255 44TH STREET NORTH 12255 44TH STREET NORTH
CLEARWATER FL 34622-5112 CLEARWATER FL 33762-5112

2. Principal Place of Business Suite, Apt. #, etc. City & State
 3. Mailing Address Suite, Apt. #, etc. City & State

4. FEI Number **59-2470151** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
GROWE, ROBERT C
12255 - 44TH ST., N.
CLEARWATER FL 34622

7. Name and Address of New Registered Agent
 Name Street Address (P.O. Box Number is Not Acceptable) City State Zip Code
FL

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 _____ (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, 2000 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	PTD	<input type="checkbox"/> Delete
NAME	FISHER, VICKI LACINA	
STREET ADDRESS	14601 58TH STREET N.	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	GROWE, DAVID C.	
STREET ADDRESS	12255 44TH STREET N.	
CITY-ST-ZIP	CLEARWATER FL	
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: *Vicki L. Fisher*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

727-
 1-10-00 Date 573-3966 Daytime Phone #

CR2E034 19/99