

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90162 022 ***158.75

DOCUMENT # G47610

1. Entity Name

BAR-FAB OF FLORIDA, INC.

Principal Place of Business

Mailing Address

C/O VICKI LACINA
12255 44TH STREET NORTH
CLEARWATER FL 34622-5112
33762

C/O VICKI LACINA
12255 44TH STREET NORTH
CLEARWATER FL ~~34622-5112~~
33762

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

GROWE, ROBERT C
12255 - 44TH ST., N.
CLEARWATER FL 34622

Name

Dean E. Growe

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

12255 44th. Street North

City

Clearwater

FL

Zip Code

33762

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

Dean E. Growe

Dean E. Growe

1-11-01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD FISHER, VICKI LACINA 14601 58TH STREET N. CLEARWATER FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD GROWE, DAVID C. 12255 44TH STREET N. CLEARWATER FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C - D Vicki L. Fisher 12255 44th. Street North Clearwater, Florida 33762	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M David C. Growe 12255 44th. Street North Clearwater, Florida 33762	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P - S Robert C. Growe 12255 44th. Street North Clearwater, Florida 33762	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V - T Karon I. Cronin 12255 44th. Street North Clearwater, Florida 33762	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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
Vicki L. Fisher

1-11-01

Date

727-573-3966

Daytime Phone #

CR2E034 (10/00)