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Secretary of State
05-05-2003 90191 002 ****70.00

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NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000003136

1. Entity Name
BarCap of Florida Inc.

DO NOT WRITE IN THIS SPACE

44003567

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2. Principal Place of Business	3. Mailing Address
7520 Colony Cove	7520 Colony Cove
Suite, Apt. #, etc. J	Suite, Apt. #, etc.
City & State Jax, Fla.	City & State Jax, Fla.
Zip 32277 Country Duval	Zip 32277 Country Duval

4. FEI Number 59-341-5510 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name Rex MORGAN

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

7520 Colony Cove

City Jax FL Zip Code 32277

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's signature required when reinstating)

FEE IS $61.25 Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to: Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE Pres. NAME Fred Lichtward STREET ADDRESS 5225 Ft. Caroline Rd CITY-ST-ZIP Jax, Fla 32277	D
TITLE Sec. NAME Taylor MORGAN STREET ADDRESS 6328 Elise dr. CITY-ST-ZIP Jax, Fla. 32211	D
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE Vice Pres. NAME Rex MORGAN STREET ADDRESS 7520 Colony Cove CITY-ST-ZIP Jax, Fla. 32277	D
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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CR2E037B (12/02)

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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Rex T. Morgan Rex T. Morgan 4/26/03
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

904-744-8608