

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

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90467 033 ***150.00

DOCUMENT # P00000054326
1. Entity Name
TRAGG BAR, INC.

DO NOT WRITE IN THIS SPACE

80068617

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2. Principal Place of Business
3100 3rd Avenue North
Suite, Apt. #, etc.

3. Mailing Address
2266 Wilton Drive
Suite, Apt. #, etc.

City & State
St. Petersburg FL

City & State
Wilton Manors, FL

Zip
33713

Country
Pinellas

Zip
33305

Country
Broward

4. FEI Number
65-1015091

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
Burnett, Adam M

Street Address (P.O. Box Number is Not Acceptable)
3410 NE 17 Terrace

City
Fort Lauderdale FL

Zip Code
33334

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

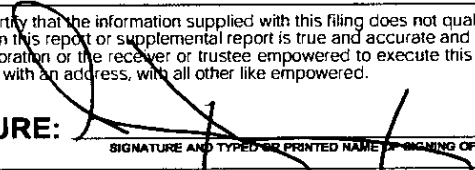
January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS			
TITLE	PD:	TITLE	
NAME	BURNETT, ADAM	NAME	
STREET ADDRESS	3410 NE 17 TERRACE	STREET ADDRESS	
CITY - ST - ZIP	FORT LAUDERDALE, FL 33334	CITY - ST - ZIP	
TITLE	VD	TITLE	
NAME	NORMAN, TERRY	NAME	
STREET ADDRESS	1581 NE 34th Court, #213	STREET ADDRESS	
CITY - ST - ZIP	Oakland Park, FL 33309	CITY - ST - ZIP	
TITLE	TD	TITLE	
NAME	KESSINGER, GEORGE	NAME	
STREET ADDRESS	3410 NE 17 TERRACE	STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	D	TITLE	
NAME	GOFRANK, RONALD F.	NAME	
STREET ADDRESS	525 POINCIANA DRIVE	STREET ADDRESS	
CITY - ST - ZIP	FORT LAUDERDALE, FL 33301	CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **George Kessinger**
Date: **4-04-02** 954-568-3885
Daytime Phone #

CR2E034B (12/01)