

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90111 031 ***150.00

DOCUMENT # P00000054326



1. Entity Name
TRAGG BAR, INC.

Principal Place of Business
**3100 3RD AVE NORTH
SAINT PETERSBURG FL 33713**

Mailing Address
**2266 WILTON DR
WILTON MANORS FL 33305**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1015091**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BURNETT, ADAM M
3410 NE 17 TERRACE
FORT LAUDERDALE FL 33324**

Name **NORMAN, TERRY L.**
Street Address (P.O. Box Number is Not Acceptable)
2625 NE 1st Avenue
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable.

TERRY L. NORMAN, PRES

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
PD	BURNETT, ADAM M	2024 NE 15TH AVE.	WILTON MANORS FL 33305	<input checked="" type="checkbox"/>
VD	NORMAN, TERRY L	1581 NE 34TH CT., #213	OAKLAND PARK FL 33309	<input type="checkbox"/>
TD	KESSINGER, GEORGE	2024 NE 15TH AVE.	WILTON MANORS FL 33305	<input type="checkbox"/>
D	GOFRANK, RONALD F	525 POINCIANA DR	FORT LAUDERDALE FL 33301	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PD				<input checked="" type="checkbox"/>	<input type="checkbox"/>
		1513 NE 21 Street	Wilton Manors, FL 33305	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **TERRY L. NORMAN, PRES.**

(954) 568-3825

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)