

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 07, 2000 8:00 am
Secretary of State
 09-07-2000 90038 038 ***558.00

DOCUMENT # P99000014254

1. Entity Name
COMBAR ENTERPRISES, INC

Principal Place of Business
**286 NE GRANDEUR AV
 PORT ST LUCIE FL 34983**

Mailing Address
**286 NE GRANDEUR AV
 PORT ST LUCIE FL 34983**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
650915032

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

**HOLCOMB, JOSEPHINE B
 286 NE GRANDEUR AV
 PORT ST LUCIE FL 34983**

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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)

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		PRESIDENT/DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		KURT J. BARANY	
CITY-ST-ZIP		2165 80th Ave	
		Vero Beach, FL 32966	
TITLE	<input type="checkbox"/> Delete	VICE PRESIDENT/DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		APRIL A. BARANY	
STREET ADDRESS		2165 80th Ave	
CITY-ST-ZIP		Vero Beach, FL 32966	
TITLE	<input type="checkbox"/> Delete	SECRETARY/DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		ERVIN Solomon Holcomb	
STREET ADDRESS		286 NE GRANDEUR Ave	
CITY-ST-ZIP		PORT ST LUCIE, FL 34983	
TITLE	<input type="checkbox"/> Delete	TREASURER/MANAGING DIR.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		Josephine B. Holcomb	
STREET ADDRESS		286 NE Grandeur Ave	
CITY-ST-ZIP		PORT ST LUCIE, FL 34983	
TITLE	<input type="checkbox"/> Delete	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		JASON M. FEURER	
STREET ADDRESS		286 NE Grand	
CITY-ST-ZIP		PORT ST LUCIE, FL 34983	
TITLE	<input type="checkbox"/> Delete		<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: *Josephine B. Holcomb*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-5-2000 (561) 567-7327
 Date Daytime Phone #

CR2E034 (5/00)