

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 16, 2000 8:00 am**  
**Secretary of State**

02-16-2000 90005 015 \*\*\*150.00

**DOCUMENT # S23528**

1. Entity Name

**REBAR SYSTEMS SERVICE, INC.**

Principal Place of Business

Mailing Address

141 SCHOOL ST  
 COTUIT MA 02635  
 US

BOX 2046  
 141 SCHOOL ST  
 COTUIT MA 02635-3240  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**04-2776696**

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

**GOODMAN, KENNETH D.**  
**3838 TAMiami TRAIL N**  
**STE 300**  
**NAPLES FL 34103**

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

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, 2000 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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WHITENOUR, PHILLIP A.</b>	
STREET ADDRESS	<b>141 SCHOOL ST</b>	
CITY-ST-ZIP	<b>COTUIT MA</b>	
TITLE	<b>DVT</b>	<input type="checkbox"/> Delete
NAME	<b>BLACK, PETER</b>	
STREET ADDRESS	<b>439 TERHUNE ROAD</b>	
CITY-ST-ZIP	<b>PRINCETON, NEW JER.</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>WHITNEOUR, BETTY LOU</b>	
STREET ADDRESS	<b>141 SCHOOL ST</b>	
CITY-ST-ZIP	<b>COTUIT MA</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>BLACK, PETRE</b>	
STREET ADDRESS	<b>439 TERHUNE ROAD</b>	
CITY-ST-ZIP	<b>PRINCETON NJ</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<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: *Betty Lou Whitneour*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/00 — 308 428 8646  
 Date Daytime Phone #

CR12E034 (9/99)