

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90024 001 ***150.00

DOCUMENT # S23528

1. Entity Name
REBAR SYSTEMS SERVICE, INC.

Principal Place of Business 141 SCHOOL ST COTUIT MA 02635 US	Mailing Address BOX 2046 141 SCHOOL ST COTUIT MA 02635 US
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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 04-2776696	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent
**GOODMAN, KENNETH D.
 3838 TAMiami TRAIL N
 STE 300
 NAPLES FL 34103**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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 \$150.00
After MAY 1, 2001 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		<input type="checkbox"/> Delete
TITLE	D	
NAME	WHRITENOUR, PHILLIP A.	
STREET ADDRESS	141 SCHOOL ST	
CITY-ST-ZIP	COTUIT MA	
TITLE	DVT	
NAME	BLACK, PETER	
STREET ADDRESS	439 TERHUNE ROAD	
CITY-ST-ZIP	PRINCETON, NEW JER.	
TITLE	S	
NAME	WHRITNEOUR, BETTY LOU	
STREET ADDRESS	141 SCHOOL ST	
CITY-ST-ZIP	COTUIT MA	
TITLE	P	
NAME	BLACK, PETRE	
STREET ADDRESS	439 TERHUNE ROAD	
CITY-ST-ZIP	PRINCETON NJ	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
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 Whritenour Betty Lou WHRITENOUR 4/19/01 508 428 8646
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E034 (10/00)