

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2003 8:00 am
Secretary of State

04-22-2003 90052 037 ***150.00

DOCUMENT # S23528



1. Entity Name
REBAR SYSTEMS SERVICE, INC.

Principal Place of Business
**130 PINEY ROAD
COTUIT MA 02635
US**

Mailing Address
**BOX 2046
130 PINEY ROAD
COTUIT MA 02635
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

CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

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

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	D	<input type="checkbox"/> Delete
NAME	WHRITENOUR, PHILLIP A.	
STREET ADDRESS	130 PINEY ROAD	
CITY-ST-ZIP	COTUIT MA	
TITLE	DVT	<input type="checkbox"/> Delete
NAME	BLACK, PETER	
STREET ADDRESS	439 TERHUNE ROAD	
CITY-ST-ZIP	PRINCETON, NEW JER.	
TITLE	S	<input type="checkbox"/> Delete
NAME	WHRITNEOUR, BETTY LOU	
STREET ADDRESS	130 PINEY ROAD	
CITY-ST-ZIP	COTUIT MA	
TITLE	P	<input type="checkbox"/> Delete
NAME	BLACK, PETRE	
STREET ADDRESS	439 TERHUNE ROAD	
CITY-ST-ZIP	PRINCETON NJ	
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
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: PHILLIP A. WHRITENOUR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-17-03

508-428-8646

Date Daytime Phone #

CR2E034 (10/02)