

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90186 042 ***158.75

DOCUMENT # 362694

1. Entity Name
BARLAR ENTERPRISES, INC.



Principal Place of Business
25180 HARBORVIEW RD.
CHARLOTTE HARBOR FL 33980

Mailing Address
25180 HARBORVIEW RD.
CHARLOTTE HARBOR FL 33980

2. Principal Place of Business
3028 Peace River DR

3. Mailing Address
3028 Peace River DR



CHECK HERE IF MAKING CHANGES

City & State
Punta Gorda, FL.

City & State
Punta Gorda, FL.

4. FEI Number 59-1292434

Applied For
Not Applicable

Zip 33983 **Country** U.S.A.

Zip 33983 **Country** U.S.A.

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

6. Name and Address of Current Registered Agent

LEBEAU, BARBARA J
25180 HARBORVIEW RD
CHARLOTTE HARBOR FL 33950

7. Name and Address of New Registered Agent

Name BARBARA J. LEBEAU
Street Address (P.O. Box Number is Not Acceptable)
3028 Peace River DR
City Punta Gorda **FL** **Zip Code** 33983

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: BARBARA J. LEBEAU

Barbara J. Le Beau

1-13-03

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

(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	
TITLE PD NAME LEBEAU, LARRY L STREET ADDRESS 25180 HARBORVIEW RD. CITY-ST-ZIP CHARLOTTE HARBOR FL	<input checked="" type="checkbox"/> Delete
TITLE D NAME LEBEAU, BARBARA J. STREET ADDRESS 25180 HARBORVIEW ROAD CITY-ST-ZIP CHARLOTTE HARBOR FL	<input checked="" type="checkbox"/> Delete
TITLE S NAME CARTER, KATHIE A. STREET ADDRESS 16249 ASHLAND AVENUE CITY-ST-ZIP PORT CHARLOTTE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD NAME LEBEAU, LARRY L. STREET ADDRESS 3028 Peace River DR. CITY-ST-ZIP Punta Gorda, FL 33983	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME LEBEAU, BARBARA J. STREET ADDRESS 3028 Peace River DR. CITY-ST-ZIP Punta Gorda FL 33983	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Barbara J. Le Beau* 1-13-03 941-6256238

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)