


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

**FILED**  
03 APR 21 PM 1:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT #</b> F01000002076 1. Entity Name Red Barn Associates, Inc.	
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**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business 6206 N. 27th Street Suite, Apt. #, etc. AR	3. Mailing Address 6206 N. 27th Street Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State Arlington, Virginia	City & State Arlington, Virginia	4. FEI Number 32-0030576	Applied For <input type="checkbox"/> Not Applicable
Zip 22207	Country USA	Zip 22207	Country USA

**DO NOT WRITE  
IN THIS SPACE**

<b>7. Name and Address of Current Registered Agent</b>	
Name	Corporation Service Company
Street Address (P.O. Box Number is Not Acceptable)	1201 Hays Street
City	Tallahassee FL 32301

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

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/T/D Alexander Landler 88 West Riverside Drive Jupiter, Florida 33469	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900017078449 04/25/03--01019--009 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/S/ Lee Machette 6206 N. 27th Street Arlington, Virginia 22207	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
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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 on an attachment with an address, with all other like empowered.

**SIGNATURE:** Lee Machette Lee Machette, Vice President 4/16/03 (703) 534-5204  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)