2000 UNIFORM BUSINESS REPORT (UBR)

of the corporation or the recei changed, or on an attachmen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

SIGNATURE:

FILED DOCUMENT # F9800001067 Apr 13, 2000 8:00 am Secretary of State 1. Entity Name BAREBO, INC. 04-13-2000 90050 017 ***150.00 Mailing Address Principal Place of Business 3840 MAIN ROAD EAST 3840 MAIN ROAD EAST EMMAUS PA 18049 EMMAUS PA 18049-9579 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 23-2127597 Not Applicable Zip Country Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7.-Name and Address of New Registered Agent-6. Name and Address of Current Registered Agent Name MORGAN, WILLIAM Street Address (P.O. Box Number is Not Acceptable) 1811 SW 22ND ST. CAPE CORAL FL 33991 City Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Addition TITLE ☐ Delete TITLE Change BAREBO, CHARLES A NAME NAME 3840 MAIN ROAD EAST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **EMMAUS PA 18049** ☐ Delete TITLE Change ☐ Addition TITLE BAREBO, THERESA L NAME NAME STREET ADDRESS STREET ADDRESS 3840 MAIN ROAD EAST CITY-ST-ZIP CITY-ST-ZIP EMMAUS PA 18049 Delete TITLE Change ☐ Addition TITLE BAREBO, CHARLES V NAME NAME STREET ADDRESS STREET ADDRESS 3840 MAIN ROAD EAST CITY-ST-ZIP CITY-ST-ZIP EMMAUS PA 18049 ☐ Change Addition TITLE TITLE ☐ Delete BAREBO-OTT, CARLA V NAME NAME STREET ADDRESS 3840 MAIN ROAD EAST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP EMMAUS PA 18049 ☐ Addition □ Delete TITLE Change TITLE BAREBO, CHRISTOPHER V NAME NAME STREET ADDRESS 3840 MAIN ROAD E. STREET ADDRESS CITY-ST-ZIP EMMAUS PA 18049 CITY-ST-7IF ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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 of 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