2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

Feb 10, 2002 8:00 am DOCUMENT # H38553 Secretary of State 1. Entity Name 02-10-2002 90009 046 ***150.00 LABAR ENTERPRISES, INC. Principal Place of Business Mailing Address 2331 WHITFIELD PARK AVE 2331 WHITFIELD PARK AVE SARASOTA FL 34243 SARASOTA FL 34243 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-2503683 Not Applicable Zip Zip Country Country \$8,75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent -MEISSNER, GREGORY Street Address (P.O. Box Number is Not Acceptable) 537 10 ST WEST BRADENTON FL 33505 Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Ritzenthaler TITLE Delete TITLE NAME NAME RITZENHALER. LARRY J II STREET ADDRESS STREET ADDRESS 511 64TH AVE DR W CITY-ST-7IF CITY-ST-7IP BRADENTON FL 34207 Ritzenthaler ☐ Defete TITLE **VPS** NAME NAME ritzenhaler, barbara G STREET ADDRESS STREET ADDRESS 2331 WHITFIELD PARK AVE CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34243 Ritzenthaler ☐ Delete TITLE ☐ Addition NAME RITZEHHALER, LARRY J STREET ADDRESS STREET ADDRESS 2331 WHITFIELD PARK AVE CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34243 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of supplemental report is true and acquirate 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 attemption with a fadaress, with all other like environment.

FILED