## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

## DOCUMENT # H38553



Jan 13, 2003 8:00 am Secretary of State 01-13-2003 90081 024 \*\*\*150.00

FILED

1. Entity Name LABAR ENTERPRISES, INC. Principal Place of Business Mailing Address 2331 WHITFIELD PARK AVE

2331 WHITFIELD PARK AVE SARASOTA FL 34243 SARASOTA FL 34243 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Country

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☐ CHECK HERE IF MAKING CHANGES

DATE

4. FEI Number Applied For 59-2503683 Not Applicable Zip Country 5. Certificate of Status Desired \$8.75 Additional 6. Name and Address of Current Registered Agent Fee Required 7. Name and Address of New Register

MEISSNER, GREGORY 537 10 ST WEST **BRADENTON FL 33505** 

Name		
	•	•
Street Address (F	O. Box Number is Not Accep	table)
<u> </u>		(dole)
<del> </del>		
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. I am familiar with, and accept

(NOTE: Registered Agent signature required when reinstating)

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

\$5.00 May Be

Make Check Payable to Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE RITZENTHALER, LARRY J II 7654 BROUGHTON St. SALASOTA FC 34243 NAME STREET ADDRESS 511 64TH AVE DR W STREET ADDRESS CITY-ST-ZIP **BRADENTON FL 34207** CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition RITZENTHALER, BARBARA G NAME STREET ADDRESS 2331 WHITFIELD PARK AVE STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34243 CITY-ST-ZIP TITLE ☐ Delete TITLE NAME ☐ Change ☐ Addition RITZENTHALER, LARRY J NAME STREET ADDRESS 2331 WHITFIELD PARK AVE STREET ADDRESS CITY-ST-ZIP <u>sa</u>rasota FL 34243 CITY-ST-ZIP TITLE ☐ Delete TITLE NAME ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Delete TITLE NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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

SIGNATURE:

NAME OF SIGNING OFFICER OR DIRECTOR

02) CR2E034 (10/