

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2002 8:00 am
Secretary of State

02-12-2002 90109 043 ***150.00

DOCUMENT # H89366

1. Entity Name
THE GRASS RAT, INC.

Principal Place of Business % HAROLD C. BARBER 713 CALIENTE DRIVE BRANDON FL 33511	Mailing Address % HAROLD C. BARBER 713 CALIENTE DRIVE BRANDON FL 33511
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 9626 BIRNAMWOOD ST.	3. Mailing Address 9626 BIRNAMWOOD ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State RIVERVIEW FL	City & State RIVERVIEW FL
Zip 33569	Zip 33569
Country USA	Country USA

4. FEI Number 59-2606760	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**BARBER, HAROLD C.
 713 CALIENTE DRIVE
 BRANDON FL 33511**

7. Name and Address of New Registered Agent
 Name **HAROLD C. BARBER**
 Street Address (P.O. Box Number is Not Acceptable)
9626 BIRNAMWOOD ST
 City **RIVERVIEW FL** Zip Code **33569**

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 *HAROLD C. BARBER PRES.* *Harold C. Barber* *01-17-02*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARBER, HAROLD C. 713 CALIENTE DRIVE BRANDON FL	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BARBER, BARBARA A. 713 CALIENTE DRIVE BRANDON FL	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HAROLD C. BARBER 9626 BIRNAMWOOD ST RIVERVIEW, FL 33569	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BARBARA A. BARBER 9626 BIRNAMWOOD ST RIVERVIEW, FL 33569	<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Harold C. Barber* *HAROLD C. BARBER* *1-17-02* *813-677-4212*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)