

AMENDED
2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J20876

1. Entity Name

A BARREL OF LAUGHS, INC.

FILED
SECRETARY OF STATE
VISION OF CORPORATIONS

00 JUL 28 AM 9:52

Principal Place of Business

Mailing Address

c/o Steven I. Greenwald
6971 N. Federal Highway
Boca Raton, FL 33487-1698

2. Principal Place of Business

3. Mailing Address

2725 N. Federal Highway
Suite, Apt. #, etc.

P.O. Box 1137
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Delray Beach, FL

City & State
Delray Beach, FL

4. FEI Number
59-2684389

Applied For
Not Applicable

Zip
33483

Country
USA

Zip
33447

Country
USA

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Greenwald, Steven I.
6971 N. Federal Highway
Suite 105
Boca Raton, FL 33431

Name
Chinnis, Hobson D.
Street Address (P.O. Box Number is Not Acceptable)
8653 Windy Circle
City Boynton Beach FL Zip Code 33437

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

Hobson D. Chinnis, Hobson D. CHINNIS, V/T

7/25/00
DATE

(NOTE: Registered Agent signature required when reinstating)

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	Fahrer, Gerald H.	
STREET ADDRESS	6971 N. Federal Highway	
CITY-ST-ZIP	Boca Raton, FL 33431	
TITLE	C/P	<input checked="" type="checkbox"/> Delete
NAME	Fahrer, David A.	
STREET ADDRESS	6971 N. Federal Highway	
CITY-ST-ZIP	Boca Raton, FL 33431	<input type="checkbox"/> Delete
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE	C/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Chinnis, Julia L.	
STREET ADDRESS	8653 Windy Circle, Boynton Beach	
CITY-ST-ZIP	FL 33437	
TITLE	V/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Chinnis, Hobson D.	
STREET ADDRESS	8653 Windy Circle	
CITY-ST-ZIP	Boynton Beach, FL 33438	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Julia L. Chinnis JULIA L. CHINNIS, P/C 7/25/00 561-278-1515
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)