

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J27810

1. Entity Name
K-BAR, INC.

FILED
Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90077 033 ***150.00

Principal Place of Business 3633 CORTEZ RD UNIT B-4 BRADENTON FL 34210	Mailing Address 3633 CORTEZ RD UNIT B-4 BRADENTON FL 34210-3123
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 6320 N. US 301 Suite, Apt. #, etc.	3. Mailing Address Same Suite, Apt. #, etc.
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City & State Ellenton, FL	City & State
Zip 34222	Country Manatee

4. FEI Number 59-2725448	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LYDEN, FRANCIS B. 3633 CORTEZ RD UNIT B-04 BRADENTON FL 34210

7. Name and Address of New Registered Agent Name Lyden Francis C.O. Fantastic Sam's Street Address (P.O. Box Number is Not Acceptable) 6320 N. US 301 City Ellenton FL Zip Code 34222
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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 _____ (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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete P LYDEN, FRANCIS 6553 THE MARTEN AVE BRADENTON FL 34202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete V/S LYDEN, KATHLEEN 1800 BEN FRANKLIN DR., B-908 SARASOTA FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition (Address change only) 6553 THE MASTERS AVE. BRADENTON, FL 34202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition (Address change only) 6553 THE MASTERS AVE BRADENTON, FL 34202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: X SIGNATURE REQUIRED 4/1/2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #