

FILED  
Apr 18, 2003 8:00 am  
Secretary of State

04-18-2003 90447 030 \*\*\*160.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # K04980

1. Entity Name  
**BARES, INC.**



Principal Place of Business  
**7803 MONTEZUMA TRAIL,  
ORLANDO, FL 32825**

Mailing Address  
**7803 MONTEZUMA TRAIL,  
ORLANDO, FL 32825**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State



CHECK HERE IF MAKING CHANGES

Zip

Country

Zip

Country

4. FEI Number <b>65-0017914</b>	<input type="checkbox"/> Applied For
	<input type="checkbox"/> Not Applicable

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

**BARES, JAROMIR R.  
7803 MONTEZUMA TRAIL,  
ORLANDO, FL 32825**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL** Zip Code

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 the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when changing)

DATE

**FILE NOW! FEE IS \$160.00  
After May 1, 2003 Fee will be \$180.00  
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

**TITLE: D  
NAME: BARES, JAROMIR R.  
STREET ADDRESS: 7803 MONTEZUMA TRAIL  
CITY-ST-ZIP: ORLANDO, FL 32825**

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Change  Addition

**TITLE:  Delete  
NAME:  Delete  
STREET ADDRESS:  Delete  
CITY-ST-ZIP:  Delete**

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Change  Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF NAMED OFFICER OR DIRECTOR

**4/15/2003 407 277 8909**

Daytime Phone #

CR2E034 (10/02)