SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## 2000 UNIFORM BUSINESS REPORT (UBR) FILED Apr 14, 2000 8:00 am Secretary of State **DOCUMENT # K76114** 1. Entity Name EBAR, INC. 04-14-2000 90099 034 \*\*\*150.00 Principal Place of Business Mailing Address 23755 LORAIN RD. % EDWIN J. HEYDUK. \$R. N. OLMSTED OH 44070-2255 3221 S. OCEAN BLVD. APT. 101 004611 HIGHLAND BEACH FL 33487-2519 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. OO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0109951 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent-Name Barbara P. Heyduk HEYDUK, EDWIN J., SR Street Address (P.O. Box Number is Not Acceptable) 3221 S. OCEAN BLVD 3221 S. Ocean Blvd APT, 101 Apt. 101 HIGHLAND BEACH FL Zip Code 33487-2519 City Highland Beach 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 Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change TITLE TITLE Delete HEYDUK, EDWIN J., JR NAME NAME STREET ADDRESS #101 3221 S. OCEAN BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HIGHLAND BEACH FL ☐ Addition ☐ Change Delete TITLE NAME HEYDUK, BARBARA P. NAME STREET ADDRESS #101 3221 S. OCEAN BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HIGHLAND BEACH FL Delete TITLE ☐ Change Addition TITLE NAME HEYDUK, MARK NAME STREET ADDRESS 3016 DOVER COMTER ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WESTLAKE OH ☐ Change ☐ Addition TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 an 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.

Daytime Phone #