

FILED
Feb 06, 2006 08:00 AM
Secretary of State

THE UNIVERSITY OF CHICAGO

1st MOORE CR2E034 (10/05)

4. FEI Number	65-0047064	Applied For
		Not Applicable

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

BARKER, STEVE
1721 SW 2ND AVE
POMPANO BEACH FL 33060

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 reinstalling)

DATE _____

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

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

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PVS	<input type="checkbox"/> Delete
NAME	BARKER, STEVE	
STREET ADDRESS	1721 SW 2ND AVE	
CITY-ST-ZIP	POMPAHO BEACH FL	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Amend
NAME	U00000420945	
STREET ADDRESS	02/16/06-80013-022 150.00	
CITY-ST-ZIP		

TITLE	TD	<input type="checkbox"/> Delete
NAME	BARKER, STEVE	
STREET ADDRESS	1721 SW 2ND AVE	
CITY - ST - ZIP	POMPANO BEACH FL	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

NAME		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-STATE	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

<div> <div>TITLE</div> <div>NAME</div> <div>STREET ADDRESS</div> <div>CITY-STATE-ZIP</div> </div>	<input type="checkbox"/> Delete
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TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 of this report.

SIGNATURE: Steve Barker Pres. Steve Barker Pres. 02/02/04 954-563-