

**2001 UNIFORM BUSINESS REPORT (UBR)**

4/30/

**FILED**  
**May 23, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90402 012 \*\*\*150.00

**DOCUMENT # P0000017748**

1. Entity Name

**BARBOL, INC.**

Principal Place of Business

6900 SOUTH ORANGE BLOSSOM TRAIL #432  
 ORLANDO FL 32809

Mailing Address

6900 SOUTH ORANGE BLOSSOM TRAIL #432  
 ORLANDO FL 32809

4998



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3638818

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Doc'ntc

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

J. BENNETT GROCOCK, P.A.  
 126 E. JEFFERSON STREET  
 ORLANDO FL 32801

*Mmedia Consulting*  
 Name: *Mmedia Consulting*  
 Street Address (P.O. Box Number is Not Acceptable): *6900 S. OBT #432*  
 City: *Orlando* FL Zip Code: *32809*

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

*Bouchard*

4/18/01

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, 2001 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
<i>President</i>	<i>Isabelle Wewersse</i>	<i>6900 S. OBT #432</i>	<i>Orlando, FL 32809</i>	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 powers empowered.

SIGNATURE:

*Isabelle Wewersse*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: Day/Month/Year

CR2E034 (1/0/00)