

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

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90467 033 ***150.00

DOCUMENT # P00000054326

1. Entity Name

TRAGG BAR, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3100 3rd Avenue North

Suite, Apt. #, etc.

3. Mailing Address

2266 Wilton Drive

Suite, Apt. #, etc.

City & State

St. Petersburg, FL

City & State

Wilton Manors, FL

Zip

33713

Country

Pinellas

Zip

33305

Country

Broward

4. FEI Number

65-1015091

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Burnett, Adam M

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

3410 NE 17 Terrace

City

Fort Lauderdale

FL

Zip Code

33334

**DO NOT WRITE
IN THIS SPACE**

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.

(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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 PD;
NAME BURNETT, ADAM
STREET ADDRESS 3410 NE 17 TERRACE
CITY - ST - ZIP FORT LAUDERDALE, FL 33334

TITLE VD
NAME NORMAN, TERRY
STREET ADDRESS 1581 NE 34th Court, #213
CITY - ST - ZIP Oakland Park, FL 33309

TITLE TD
NAME KESSINGER, GEORGE
STREET ADDRESS 3410 NE 17 TERRACE
CITY - ST - ZIP

TITLE D
NAME GOFRANK, RONALD F.
STREET ADDRESS 525 POINCIANA DRIVE
CITY - ST - ZIP FORT LAUDERDALE, FL 33301

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

George Kessinger

W/Kessinger

4-04-02

954-568-3885

CR2E034B (12/01)