

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90106 049 ***150.00

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DOCUMENT # P0000092056

1. Entity Name
CABERB, INC.



Principal Place of Business
**542 BAILEY RD.
SARASOTA FL 34237**

Mailing Address
**542 BAILEY RD.
SARASOTA FL 34237**

2. Principal Place of Business
3544 CRYSTAL LAKES CT
Suite, Apt. #, etc.

3. Mailing Address
3544 CRYSTAL LAKES CT
Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State
SARASOTA FL

City & State
SARASOTA FL

4. FEI Number
65-1057853

Applied For
Not Applicable

Zip
34235 Country
SARASOTA

Zip
34235 Country
SARASOTA

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

BRIGGS, CRAIG T
~~542 BAILEY RD.~~ **3544 CRYSTAL LAKES CT**
~~SARASOTA FL 34237~~ **34235**

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 reinstating)

DATE **4/11/03**

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 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**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
NAME **PD BRIGGS, CRAIG T**
STREET ADDRESS **542 BAILEY RD.**
CITY-ST-ZIP **SARASOTA FL 34237**

TITLE Change Addition
NAME
STREET ADDRESS **3544 CRYSTAL LAKES CT**
CITY-ST-ZIP **SARASOTA FL 34235**

TITLE Delete
NAME **STD BRIGGS, JOYCELYN K**
STREET ADDRESS **542 BAILEY RD.**
CITY-ST-ZIP **SARASOTA FL 34237**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE Delete
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CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/11/03 941-232-8857

CR2E034 (10/02)