

**FILED**  
**Sep 15, 2002 8:00 am**  
**Secretary of State**

08-18-2002 90130 034 \*\*\*550.00

**2002 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # P01000063160**

1. Entity Name  
**RIBAR, INC.**

Principal Place of Business  
**953 WESSON DRIVE  
 CASSELBERRY FL 32707**

Mailing Address  
**953 WESSON DRIVE  
 CASSELBERRY FL 32707**

2. Principal Place of Business  
**14405 HARKEE COURT**  
 Suite, Apt. #, etc.

3. Mailing Address  
**3956 TOWN CENTER PL**  
 Suite, Apt. #, etc.  
**PMB 120**

City & State  
**ORLANDO, FL.**  
 Zip  
**32837**

City & State  
**ORLANDO, FL.**  
 Zip  
**32837**

4. FEI Number  
**59-3729024**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**BARBER, RICHARD A  
 953 WESSON DRIVE  
 CASSELBERRY FL 32707**

**7. Name and Address of New Registered Agent**

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 date if applicable.

(NOTE: Registered Agent signature required when reissuing)

**8/14/02**

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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
PRESIDENT	RICHARD A. BARBER	14405 HARKEE COURT	ORLANDO, FL 32837	<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	Delete	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 zip code.

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)