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

4 Mended

FILED 02 NOV 20 PM 3: 17 SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P01000101656

1. Entity Name

Tibbar, Inc.

DO NOT WRITE IN THIS SPACE

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Principal Place of Business Alafaya Woods Boulevard	3. Malling Address 61 Alafaya Woods Boulevard
Suite, Apt. #, etc. Suite #295	Suite, Apt. #, etc. Suite #295
City & State Oviedo, Florida	City & State Oviedo, Florida

of registered agent and little if applicable

DO NOT WRITE IN THIS SPACE

Applied For Not Applicable

^{Zip} 32765

Country **USA** 32765 USA

5. Certificate of Status Desired

43-1953342

7. Name and Address of Current Registered Agent

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

Name Dale A. Beardsley, P.A.

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

4. FEI Number

4595 Lexington Avenue, Suite #100

City Jacksonville

e purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity submits the

SIGNATURE

Dale A. Beardsley

11/15/2002

(NOTE: Registered Agent signature required when reinstating)

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 P/D - Michael P. Melnick, 1043 Hornbeam NAME NAME Street, Oviedo, Florida 32765 STREET ADDRESS STREET ADDRESS CITY ST ZIP CITY-ST-ZIP TITLE C/D - Richard B. Melnick, 1043 Hornbeam ime 000009113130 NAME NAME Street, Oviedo, Florida 32765 11/20/02--01052--021 **183.75 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE S/D - Robert D. Feldman, 441 Whispering Oak NAME NAME Lane, Apopka, Florida 32712 STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE T/D - Andrew R. Brown, 242 Nandina Terrace. IN THIS SPACE NAME NAME Winter Springs, Florida 32708 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITÝ ST. ŽÎP TITLE THIF NAME NAME STREET ADDRESS STREET ADDRESS CITY#STPZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST: ZIP CITY-ST-7IP

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 on an attachment with an address, with all other like empowered.

Michael P. Melnick. President 15/02

359-8453

CR2E034B (12/01)