

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000101656

FILED  
Jun 04, 2003  
Secretary of State

Entity Name: TIBBAR, INC.

**Current Principal Place of Business:**

61 ALAFAYA WOODS BOULEVARD  
SUITE #295  
OVIDO, FL 32765

**New Principal Place of Business:**

**Current Mailing Address:**

61 ALAFAYA WOODS BOULEVARD  
SUITE #295  
OVIDO, FL 32765

**New Mailing Address:**

FEI Number: 43-1953342      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

BEARDSLEY, DALE A ESQ.  
4595 LEXINGTON AVE., STE. #100  
JACKSONVILLE, FL 322102058 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MELNICK, MIAHAEL P  
Address: 1043 HORNBEAM ST.  
City-St-Zip: OVIDO, FL 32765

Title: CD ( ) Delete  
Name: MELNICK, RICHARD B  
Address: 1043 HORNBEAM ST.  
City-St-Zip: OVIDO, FL 32765

Title: SD ( ) Delete  
Name: FELDMAN, ROBERT D  
Address: 441 WHISPERING OAK LANE  
City-St-Zip: APOPKA, FL 32712

Title: TD (X) Delete  
Name: BROWN, ANDREW R  
Address: 242 NANDINA TERRACE  
City-St-Zip: WINTER SPRINGS, FL 32708

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: MELNICK, MICHAEL P  
Address: 1043 HORNBEAM ST.  
City-St-Zip: OVIDO, FL 32765

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL P MELNICK

PRES

06/04/2003

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date