

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90081 021 ***150.00

0307107 AV

DOCUMENT # P01000109862

1. Entity Name
TRAG BAR, INC.

Principal Place of Business
2266 WILTON DR
WILTON MANORS FL 33305

Mailing Address
2266 WILTON DR
WILTON MANORS FL 33305



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

30-0053887

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BURNETT, ADAM M
2024 NE 15TH AVE
WILTON MANORS FL 33305

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.

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)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
 NAME **BURNETT, ADAM M**
 STREET ADDRESS **2024 NE 15TH AVE**
 CITY-ST-ZIP **WILTON MANORS FL 33305**

TITLE **PD** ☒ Change ☐ Addition
 NAME **Burnett, Adam M.**
 STREET ADDRESS **3410 NE 17 Terrace**
 CITY-ST-ZIP **Fort Lauderdale, FL 33334**

TITLE **VD** ☐ Delete
 NAME **NORMAN, TERRY L**
 STREET ADDRESS **1581 NE 34TH CT #213**
 CITY-ST-ZIP **OAKLAND PARK FL 33334**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **GOFRANK, RONALD F**
 STREET ADDRESS **525 POINCIANA DR**
 CITY-ST-ZIP **FT LAUDERDALE FL 33301**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** ☐ Delete
 NAME **KESSINGER, GEORGE**
 STREET ADDRESS **2024 NW 15TH AVE**
 CITY-ST-ZIP **WILTON MANORS FL 33305**

TITLE **TD** ☐ Change ☐ Addition
 NAME **Kessinger, George**
 STREET ADDRESS **3410 NE 17 Terrace**
 CITY-ST-ZIP **Fort Lauderdale, FL 33334**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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 all other like empowered.

SIGNATURE: _____

George Kessinger 04-04-02 954-568-3885
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (9/01)