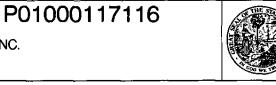
FILED Jan 31, 2003 8:00 am Secretary of State 01-31-2003 90116 014 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 1. Entity Name

BARSTOOL STATION II, INC.



Principal Place of Business

Admiliana Antalanaa

12100 US HWY #1 PALM BEACH GARDENS FL 33408		12100 FALM	12100 US HWY #1 PALM BEACH GARDENS FL 33408				60011986				
2. Principal P	lace of Business	3. Mailir	3. Mailing Address					 			- <u>-</u> -
Suite, Apt.	#, etc.	Suite,	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State	9	City 8	City & State				1. FEI Number Applied For Not Applicable				
Zip	Country	Zip Cou			try	5.	Certificate of Status De	esired 🗆	\$8.75 Add		
	6. Name and Address of Currer	nt Registered	Agent			7. 1	Name and Address of	New Registered	Agent		1
HOLZ, JOHN 1084 RAINTREE LANE			Name Street Address			ss (P.O. B	(P.O. Box Number is Not Acceptable)				
WELLINGT	ON FL 33414			City			FI	Zip Code	9]	
	named entity submits this statement ions of registered agent.		_	registere	ed office or regis	stered ag	ent, or both, in the Sta			and accept	-
,	Signature, typed or printed name of registered age	nt and title if applic	able. (NOTE	E: Registered	d Agent signature req	uired when re	einstating)	DATE			J
After	<u>LE NOW!!! EEE IS \$150.00</u> May-1; 2003 Fee بياا be \$550.00 Payable to Florida Department			<u> </u>			9. Election Camp		\$5.0 □Added	May Be	
10.	OFFICERS AN	D DIRECTOR	s	11.		AD	DITIONS/CHANGES	TO OFFICERS AN	D DIRECTORS	S IN 11	1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST DEVIVO, DOMINICK 2321 N FEDERAL HWY STUART FL 34996		□ Delete		1				☐ Change	Addition	CR2E034 (10/02)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,		☐ Delete						Change	Addition	CR2
TITLE NAME STREET ADDRESS CITY-SI-ZIP			□ Delete		1				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		l l				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-		☐ Delete					CTOTO SERVICE OF	- ~ Change	☐ Addition	-
TITLE NAME STREET ADDRESS CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		☐ Delete						☐ Change	Addition	
12. I hereby of indicated	ertify that the information supplied wi on this report or supplemental report	th this filing d	oes not qualify for	the exer	nption stated in ure shall have the	Section	119.07(3)(i), Florida St legal effect as if made	atutes. I further ce	ertify that the in	nformation 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 any address, with all other like empowered.

SIGNATURE:

Daytime Phone #