## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT #

P02000025239

1. Entity Name

BARBER INDUSTRIES INC.



FILED Apr 28, 2003 8:00 am Secretary of State

04-28-2003 90481 034 \*\*\*150.00

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Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City  FL  ZP Code  S. The above named critis submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fronds. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, lipsed or preted rume of my stered agent and too if accipitable.  PILE NOW, IF FEE IS \$150.00  After May 1, 2855 Fee will be \$550.00  Make Check Papable 50 Floridate Department of State  10.	6. Name and Address of Current Registered Agent							7. N	lame and Address of New R	egistered Ag	ent	
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SIGNATURE    Signature, typed or privided rearrier of registated agent and title if applicable.   (NOTE: Registated Agent signature required when remeating)   DATE	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.											
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12. I hereby certify that the information supplied with his fling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information		المساعدة والمارة المارة الم	formation co-	anlind with with	fling doop not qualify for			nd in Section 1	110 N7/3\/i\ Florida Statutan	I further cartif	u that the ir	formation

12. Thereby certify that the information supplied with finis 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNALIVE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTO

4/23/03 30/-69/-7777

Date Daytime Phone #