

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 05, 2003 8:00 am
Secretary of State

05-12-2003 90202 004 ***150.00

DOCUMENT # P02000067316

1. Entity Name
SANBARBES, INC.



Principal Place of Business
**5128 PURITAN RD.
TAMPA FL 33617**

Mailing Address
**5128 PURITAN RD.
TAMPA FL 33617**

55046686



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address		4. FEI Number	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01-0710250	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
Zip	Country	Zip	Country	<input type="checkbox"/>	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
COMBES, ROBERT A II 5128 PURITAN RD. TAMPA FL 33617		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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COMBES, ROBERT A II 5128 PURITAN RD. TAMPA FL 33617 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SANCHEZ, PATRICIA 5128 PURITAN RD. TAMPA FL 33617 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BARRILLEAUX, DAWN 5128 PURITAN RD. TAMPA FL 33617 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 5/30/03 813-985-6544 Daytime Phone #

CR2E034 (1/0/02)