AMENDED

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JUN 12 AM 8:26

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000010573

1. Entity Name
BARD & ASSOCIATES, INC.

AMENDED

Principal Place of Business	Mailing Address
13014 N DALE MABRY HWY SUITE 143 TAMPA, FL 33618	13014 N DALE MABRY HWY SUITE 143 TAMPA, FL 33618

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3161838 — Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BARD, SPENCER 13014 N DALE MABRY HWY SUITE 143 TAMPA, FL 33618	Name: John MESMER Street Address (P.O. Box Number is Not Acceptable): 13014 N Dale Mabry #143 City: TAMPA FL Zip Code: 33618

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] 6/2/03
Signature, type or print name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when resigning) DATE

FILED WITH PREVIOUS UBR DATED ____ AND HAS NOT CHANGED. Name check confirmed at 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	D BARD, SPENCER 13014 N DALE MABRY HWY SUITE 143 TAMPA, FL 33618 — ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D John MESMER 13014 N Dale Mabry Tampa, FL 33618 — ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOSEPH, TERRY 13014 N DALE MABRY HWY SUITE 143 TAMPA, FL 33618 — ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	800020517145 06/18/03--01058--022 **61.25 — ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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] 6/2/03 813-969-4382
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2EC94 (10/02)