# Apr 28, 2003 8:00 am \$\frac{9}{8}\$ Secretary of State

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

## DOCUMENT #

P93000047223

BAR-JO MANUFACTURING, INC.



Principal Place of Business 1130 S POWERLINE RD 101 DEERFIELD BCH FL 33442 US		Mailing Address 1130 S POWERLINE RD 101 / \) DEERFIELD BCH FL 33442 US									
2. Principal Place of Business		3. Mailing Address					1 14011000 No 14100 NAT BONG BONG BONG BONG BONG BONG HOLD HIS 1811 1881				
Suite, Apt. #, etc.		Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES				
City & State		City & State			4. 1		FEI Number <b>65-0425017</b>		<del></del>	Applied For Not Applicable	
Zip	Country	untry Zip Cou		Coun	ntry 5.		Certificate of Status Desired		\$8.75 Ac Fee Requir		
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent						
STONE, BARRY G 1130 S POWERLINE RD					Name Street Address	(P.O. B	P.O. Box Number is Not Acceptable)				
101 DEERFIELD BCH FL 33442					City			FL	Zip Co	de	
	named entity submits this statement fo ons of registered agent.	r the purp	ose of changing its re	gistere	ed office or registe	red ag	gent, or both, in the State of Flor	ida. Lami	familiar with	, and accept	
SIGNATURE .	Signature, typed or printed name of registered agent	and title if and	Sicable /NOTE-	Registerer	d Agent signature require	nd when re	einstating)	DATE			
FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State							Election Campaign Fina     Trust Fund Contribution	incing _		00 May Be	
10.	OFFICERS AND		RS	11.	· <del></del> ·	AD	L DDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOR	3S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STONE, BARRY G 1130 S POWERLINE RD DEERFIELD BCH FL 33442	<u> </u>	Delete	•					Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLANGELO, JOSEPH 1130 S POWERLINE RD DEERFIELD BCH FL 33442		☐ Delete						☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	y and the term one of	-	Delete/	NÀME STREE	ET ADDRESS ST-ZIP		. ಜಾಗಿಯಾಗಿಯು ನಿರುವೃದ್ಧ ಪಡಿಸ	पुरुष्य । १८ <del>०</del>	Change	☐ Addition	
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NAME STREET ADDRESS CITY-ST-ZIP			Delete						Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						☐ 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. with all other like empowered.

SIGNATURE:

EILEWUINEU SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR