

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90993 006 ***150.00

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DOCUMENT # P94000012387

1. Entity Name
BARSTOOLS PLUS UNLIMITED, INC.



Principal Place of Business
**184 N UNIVERSITY DR
PEMBROKE PINES FL 33024
US**

Mailing Address
**184 N UNIVERSITY DR
PEMBROKE PINES FL 33024
US**



2. Principal Place of Business

3. Mailing Address

212 N. University Drive
Suite, Apt. #, etc.

212 N University Dr.
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Pembroke Pines Florida

City & State
Pembroke Pines Florida

4. FEI Number **65-0469180**

Applied For
Not Applicable

Zip
33024

Country
USA

Zip
33024

Country
USA

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

**GOBEY, HOWARD
10921 RAVEL COURT
BOCA RATON FL 33498**

Name **Gobey Howard**
Street Address (P.O. Box Number is Not Acceptable)

22609 Blue Fin Trail

City **Boca Raton** **FL** Zip Code **33428**

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 **Howard K. Gobey**
Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/28/03
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 **P** ☐ Delete
NAME **GOBEY, HOWARD**
STREET ADDRESS **9709 ARBOR OAKS LANE #102**
CITY-ST-ZIP **BOCA RATON FL 33428**

TITLE ☐ Change ☐ Addition
NAME **Gobey, Howard**
STREET ADDRESS **22609 Blue Fin Trail**
CITY-ST-ZIP **Boca Raton FL 33428**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

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:

HOWARD K. GOBEY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)