

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

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

3. Mailing Address
212 N University Dr.
Suite, Apt. #, etc.

City & State
Pembroke Pines Florida

City & State
Pembroke Pines Florida

Zip **33024** Country **USA**

Zip **33024** Country **USA**

6. Name and Address of Current Registered Agent

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

4. FEI Number **65-0469180** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent

Name **Gobey Howard**
Street Address (P.O. Box Number is Not Acceptable)
22609 Blue Fin Trail
City **Boca Raton** FL **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 J. Gobey

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/28/03

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**
NAME **GOBEY, HOWARD**
STREET ADDRESS **9709 ARBOR OAKS LANE #102**
CITY-ST-ZIP **BOCA RATON FL 33428**

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Gobey, Howard
22609 Blue Fin Trail
Boca Raton FL 33428

Change

Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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:

Howard J. Gobey

REQUIRED

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

05-01-2003 90993 006 ***150.00



CHECK HERE IF MAKING CHANGES

05-01-2003
AV

CR2E034 (10/02)

Date

Daytime Phone #