FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Feb 01, 2001 8:00 am DOCUMENT # P95000052761 **Secretary of State** FLA. BARE ROUT, INC. 02-01-2001 90120 046 ***150.00 Principal Place of Business Mailing Address 58 COUNTY CLUB ROAD 58 COUNTY CLUB ROAD SHALIMAR FL 32579 SHALIMAR FL 32579 UUU12141 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number NOT APPLICABLE Not Applicable: - مي^ي ي Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KESSLER, SIEGFRIED F Street Address (P.O. Box Number is Not Acceptable) 58 COUNTY CLUB ROAD SHALIMAR FL 32579 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12: TITLE ☐ Delete TITLE Change MAHER, NEIL 1220 CRESTLAWN DRIVE STREET ADDRESS STREET ADDRESS CITY - ST-ZIP MISSISSAUGA ONTARIO CITY-ST-ZIP TITLE ☐ Delete ☐ Addition KESSLER, SIEGFRIED NAME NAME **58 COUNTY CLUB ROAD** STREET ADDRESS STREET ADDRESS SHALIMAR FL 32579 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY~ST-7IP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR