2000 UNIFORM BUSINESS REPORT (UBR) FILED VON FILE PARY OF STATE VISION OF CORPORATIONS DOCUMENT # 895000053736 00 SEP 27 AM 6: 44 Principal Place of Business
2170 SUNNY GATE BIND
STE S DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number Not Applicable Country \$8.75 Additional Country Zip Zip Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LABRECQUE, Ed.
1202 Nebraska Ave
PALM HARBOR, FL. Street Address (P.O. Box Number is Not Acceptable) Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS 5000034<u>1621</u> CITY-ST-ZIP CITY-ST-ZIP 10/05/00-enge02@Addies ☐ Delete TITLE TITLE ****150.00 ****150.00 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

SIGNATURE:

CODE-A-BAR, INC.



Phone 727-524-1809 ♦ Fax 727-539-1062

September 25, 2000

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FLORIDA 32314

To the Department of reinstatements

I have received a notice that my corporation was not current. I did recieve the proper forms and mailed them back. I am very sure that I did this because my husband and I have other corporations that made it to you and they were complete together. The other corporations are Profit Strategy Mgt, PMI of America, PMI of Palm Harbor, The Last Chance Quarter Horse Ranch, and Image World Marketing. They were all mailed on 2-14-00. I did recieve a second notice at my office but at that time my father was dying og colon cancer and I told my secretary that it had to be a cross in handling. I know my stress level was very high and under a normal sitution I would have followed up on it. My father did pass away and until I received this notice I realized that there was a problem. I truly believed that this was handled. I have enclosed a check for the fee as per our conversation. Thank-you for your help and understanding.

Sincerely.

Patricia Canatsey