2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000069616

1. Entity Name
Dr. Barb, INC.

FILED
02 MAY 28 PM 2:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
1016 Oronoco St. Alexandria, VA 22314	1016 Oronoco St. Alexandria, VA 22314

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0604891 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

Karn, Barbara P.
264 West Wood Dr.
Key Biscayne, FL 33149

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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] 3/14/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
☐ Delete TITLE President NAME Barbara Parish Karn STREET ADDRESS 1016 Oronoco St. CITY-ST-ZIP Alexandria, VA 22314	☐ Change ☐ Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP 000005872950--0 -06/20/01--90669--023 ****308.75 ****308.75
☐ Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP 201.25 - AR 10.00 - ARARTS
☐ Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP 88.75 - ARSupp 8.75 - Cert
☐ Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP 100005894561--8 -06/20/02--01084--023 ****308.75 ****308.75
☐ Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP TB
☐ Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP

CR2E034 (11/00)

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: [signature] Barbara Parish KARN 3/14/02 703-836-5666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #