


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

FILED
Jul 08, 2004 8:00 am
Secretary of State

07-08-2004 90188 008 ***550.00

DOCUMENT # P960000009R	
1. Entity Name JOBAR ASSOCIATES, INC.	

DO NOT WRITE IN THIS SPACE

44047543

2. Principal Place of Business 800 SW 125 WAY	3. Mailing Address 800 SW 125 WAY
Suite, Apt. #, etc. 0-303	Suite, Apt. #, etc. 0-303

DO NOT WRITE IN THIS SPACE

City & State PEMBROKE, FLORIDA	City & State PEMBROKE, FLORIDA	4. FEI Number 65-0634351	Applied For <input type="checkbox"/> Not Applicable
Zip 33027	Country USA	Zip 33027	Country USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name JOSEPH MOLINARO	
Street Address (P.O. Box Number is Not Acceptable) 800 SW 125 WAY	
City PEMBROKE	FL Zip Code 33027

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	President Joseph Molinaro 800 SW 125 WAY Pembroke, FL 33027	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice President Barbara L. Stone 800 SW 125 WAY Pembroke, FL 33027	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Barbara L. Stone* **BARBARA L. STONE** 6/30/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

612/964-2160

CR2E034B (12/02)