

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000018845

1. Entity Name

LaBar Computer Services Inc. ✓

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90091 029 ***150.00

Principal Place of Business

Mailing Address

2. Principal Place of Business

3. Mailing Address

435 S. Ridgewood Ave Suite 208
Suite, Apt. #, etc.PO Box 9668
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Daytona Beach FLCity & State
Daytona Beach

4. FEI Number 59-3429049

Applied For
Not ApplicableZip
32114Country
VolZip
32120Country
Vol5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Richard W. LaBar
737 Creekwater Terr. #207
Lake Mary FL 32746

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, 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) X**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P, S, T, V
Richard LaBar
737 Creekwater Terr. #207
Lake Mary FL 32746☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Lake Mary FL 32746☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
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CITY-ST-ZIP☐ DeleteTITLE
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☐ Change ☐ AdditionTITLE
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CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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: X *Richard LaBar* RICHARD LABAR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00

Date

904-252-4693

Daytime Phone #