

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000018845**

1. Entity Name

LABAR COMPUTER SERVICES INC.**FILED****May 10, 2001 8:00 am**
Secretary of State

05-10-2001 90230 009 ***150.00

Principal Place of Business

**435 S RIDGEWOOD AVE
208
DAYTONA BEACH FL 32114
US**

Mailing Address

**PO BOX 9668
DAYTONA BEACH FL 32120
US****0005044Z**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-3429049**

Applied For

Not Applicable

5. 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****LABAR, RICHARD W
737 CREEKWATER TER
#207
LAKE MARY FL 32746**Name **LABAR, RICHARD W.**Street Address (P.O. Box Number is Not Acceptable)
315 SABAL SPRINGS COURTCity **DEBARY****FL**Zip Code
32713

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

Richard W. Labar **RICHARD W. LABAR PVST****4/30/01**

DATE

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
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**TITLE **PVST** ☐ Delete
NAME **LABAR, RICHARD**
STREET ADDRESS **737 CREEKWATER TERR #207**
CITY-ST-ZIP **LAKE MARY FL 32746**TITLE **PVST** ☒ Change ☐ Addition
NAME **LABAR, RICHARD**
STREET ADDRESS **315 SABAL SPRINGS COURT**
CITY-ST-ZIP **DEBARY FL 32713**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
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NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard W. Labar **RICHARD LABAR****4/30/01**

Date

407-753-1298

Daytime Phone #

CR2E034 (10/00)