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

## FILED May 12, 2001 8:00 am Secretary of State DOCUMENT # P97000048039 BARRACUDA HOLDINGS INC. 05-12-2001 90025 010 \*\*\*158.75 Principal Place of Business Mailing Address 1501 NORTHPOINT PARKWAY SUITE 100 1501 NORTHPOINT PARKWAY SUITE 100 WEST PALM BEACH FL 33407 WEST PALM BEACH FL 33407 しりひひんひひん เบร HS 2. Principal Place of Business 3. Mailing Address P.O. Box 541119 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0768912 Lake Worth, FLNot Applicable Zip Country Zip Country \$8.75 Additional X 5. Certificate of Status Desired 33454-1119 Fee Required Palm Beach 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HERSEY, HARRY Street Address (P.O. Box Number is Not Acceptable) 1501 NORTHPOINT PKWY **SUFFE #100** WEST PALM BEACH FL 33407 City Zip Code FL 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 DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition TITLE ☐ Delete TITLE HERSEY, HARRY W JR NAME NAME 1501 NORTHPOINT PARKWAY SUITE 100 STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 33407 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 adult ss, with all other like empowered.

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE

TITLE NAME

STREET ADDRESS

CITY-ST-ZIP

Hann W.

☐ Delete

4/86/2001 561-640,9

Change

☐ Addition