

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90428 007 ***150.00

DOCUMENT # P98000028572

1. Entity Name

BAR GROUP, INC.

Principal Place of Business

**4900 MANATEE AVENUE WEST
 #101
 BRADENTON FL 34209**

Mailing Address

**4900 MANATEE AVENUE WEST
 #101
 BRADENTON FL 34209**

2. Principal Place of Business

**905 East MLK, Jr. Dr.
 Suite, Apt. #, etc.
 110**

3. Mailing Address

**905 East MLK, Jr. Dr.
 Suite, Apt. #, etc.
 110**

City & State

Tarpon Springs, FL

City & State

Tarpon Springs, FL

Zip

34689

Country

USA

Zip

34689

Country

USA

4. FEI Number

59-3499081

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**MACKAY, BOB
 1938 LONGBOAT DR.
 LAKELAND FL 33810**

7. Name and Address of New Registered Agent

Name **John Porreca**

Street Address (P.O. Box Number is Not Acceptable)

1430 Lake Parker Dr.

City **Odessa**

FL

Zip Code

33556

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

John Porreca

John Porreca President 3-5-01

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

TITLE **DPS** ☒ Delete
 NAME **MACKAY, BOB**
 STREET ADDRESS **1938 LONGBOAT DR.**
 CITY-ST-ZIP **LAKELAND FL 33810**

TITLE **VPT** ☒ Delete
 NAME **MACKAY, BOB**
 STREET ADDRESS **1938 LONGBOAT DR.**
 CITY-ST-ZIP **LAKELAND FL 33810**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

P/5/1/D ☐ Change ☒ Addition
 NAME **John Porreca**
 STREET ADDRESS **1430 Lake Parker Dr.**
 CITY-ST-ZIP **Odessa, FL 33**

V ☐ Change ☒ Addition
 NAME **Deborah Porreca**
 STREET ADDRESS **1430 Lake Parker Dr.**
 CITY-ST-ZIP **Odessa, FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 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 or other like empowered.

SIGNATURE:

John Porreca **John Porreca**

3-5-01 (727)938-5562

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)