## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## UNIFORM BUSINESS REPORT (UDOCUMENT # P98000093522

1. Entity Name

JAYBAR ENTERPRISES, INC.



FILED Apr 21, 2003 8:00 am Secretary of State

04-21-2003 91061 013 \*\*\*158.75

Principal Place of Business 2740 US HWY 27 NORTH. SUITE 140 SEBRING FL 33870		Mailing Address 2740 US HWY 27 NORTH SEBRING FL 33870	. SUITE 140		1   1881   1881   1881   1881   1881   1881   1881   1881   1881   1881   1881	68    86  B  2	188 I(181 <b>2</b> 111 <b>1</b>	11 <b>010</b> 11 <b>0</b> 1 1001	
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2. Principal	Place of Business	3. Mailing Address	7037					11818 1181 1881	
Suite, Apt	. #, etc.	Suite, Apt. #, etc.			CHECK HERE IF	MAKING (	CHANGES		
City & Sta	te	City & State	>	<b>4.</b> FE	I Number <b>65-0889165</b>			oplied For	7
Zip	Country	33812	Country	<b>5.</b> Ce	rtificate of Status Desired		8.75 Add	ditional	1
	6. Name and Address of Current			7. Na	me and Address of New Reg			<del>-</del>	┨
			Name						1
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241 SOUTH COMMERCE AVE			Sileet At	idress (F.O. Box	. Number is Not Acceptable)				1
SEBRING	FL 33870								1
			City				Zip Code	е.	$\left\{ \right.$
	· Andrews				<u> </u>	FL	1 '		].
	e named entity submits this statement for tions of registered agent.	or the purpose of changing its	registered office or	registered agent	t, or both, in the State of Florid	la. I am fai	niliar with,	and accept	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable ANOTE	E: Registered Agent signatur		1-1	DATE			
<del></del>		and to a mappingapie. (Note:	noglateled Agent alghatu	a required when reinst	aurg)	DAIE			4
	ILE NOW!!! FEE IS \$150.00				9. Election Campaign Finan	icing	\$5.0	<b>0</b> May Be	
	r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of	f State			Trust Fund Contribution.			to Fees	
10.	. OFFICERS AND		11.	ADDI	TIONS/CHANGES TO OFFICE	EDS AND F	VIDECTOR	S IN 11	-
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

**SIGNATURE:** 

CITY-ST-ZIP

SUCCESSION BERNETAL CARI

<u>4-17-03</u>

863 385-9575