

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

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

**DOCUMENT # P98000093522**

1. Entity Name  
**JAYBAR ENTERPRISES, INC.**



Principal Place of Business  
**2740 US HWY 27 NORTH, SUITE 140  
SEBRING FL 33870**

Mailing Address  
**2740 US HWY 27 NORTH, SUITE 140  
SEBRING FL 33870**

2. Principal Place of Business

3. Mailing Address

**P.O. Box 7037**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Sebring**

City & State

City & State

**FL**

Zip

Country

Zip

**33872**

Country

**USA**

4. FEI Number **65-0889165**

Applied For

Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**OBERHAUSEN, FRANK C  
241 SOUTH COMMERCE AVE  
SEBRING FL 33870**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Delete  
NAME **PST BARI, JOHN**  
STREET ADDRESS **2740 US HWY 27 NORTH, SUITE 140**  
CITY-ST-ZIP **SEBRING FL 33870**

TITLE ☒ Change ☐ Addition  
NAME **P/S/T Elaine Bari**  
STREET ADDRESS **6001 Wilson Ter**  
CITY-ST-ZIP **Sebring, FL 33876**

TITLE ☒ Delete  
NAME **V JAMES, WRENNE W JR**  
STREET ADDRESS **78 LAKE BRYD BLVD**  
CITY-ST-ZIP **AVON PARK FL 33825**

TITLE ☒ Change ☐ Addition  
NAME **Belinda Beaver**  
STREET ADDRESS **3817 Cowhouse Road**  
CITY-ST-ZIP **Horiba, FL 33857**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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.

SIGNATURE: **Elaine Bari**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-17-03 863 385-9575**  
Date Daytime Phone #

CR2E034 (10/02)