

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 16, 2000 8:00 am**  
**Secretary of State**

02-16-2000 90005 015 \*\*\*150.00

**DOCUMENT # S23528**

1. Entity Name

**REBAR SYSTEMS SERVICE, INC.**

Principal Place of Business 141 SCHOOL ST COTUIT MA 02635 US	Mailing Address BOX 2046 141 SCHOOL ST COTUIT MA 02635-3240 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>04-2776696</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**GOODMAN, KENNETH D.**  
**3838 TAMiami TRAIL N**  
**STE 300**  
**NAPLES FL 34103**

7. Name and Address of New Registered Agent

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.

SIGNATURE \_\_\_\_\_ 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, 2000 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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WHITENOUR, PHILLIP A.</b>	
STREET ADDRESS	<b>141 SCHOOL ST</b>	
CITY-ST-ZIP	<b>COTUIT MA</b>	
TITLE	<b>DVT</b>	<input type="checkbox"/> Delete
NAME	<b>BLACK, PETER</b>	
STREET ADDRESS	<b>439 TERHUNE ROAD</b>	
CITY-ST-ZIP	<b>PRINCETON, NEW JER.</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>WHITNEOUR, BETTY LOU</b>	
STREET ADDRESS	<b>141 SCHOOL ST</b>	
CITY-ST-ZIP	<b>COTUIT MA</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>BLACK, PETRE</b>	
STREET ADDRESS	<b>439 TERHUNE ROAD</b>	
CITY-ST-ZIP	<b>PRINCETON NJ</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE: Betty Lou Whitneour 1/12/00 - 308 428 8646  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR12E034 (9/99)