## 2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment wit

SIGNATURE:

## May 06, 2002 8:00 am Secretary of State DOCUMENT # 830221 1. Entity Name 05-06-2002 90202 033 \*\*\*150.00 BARTLETT PRODUCTS CO., INC. Principal Place of Business Mailing Address 5132 PENN AVENUE 5132 PENN AVENUE PITTSBURGH PA 15224 PITTSBURGH PA 15224 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 25-1054977 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent Name BARTLETT, STANLEY R. Street Address (P.O. Box Number is Not Acceptable) 151 CORAL CIRCLE S. DAYTONA FL 32119 Zip Code City 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 (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 Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 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 11. OFFICERS AND DIRECTORS 12. TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME BARTLETT, STANLEY R. STREET ADDRESS STREET ADDRESS 151 CORAL CIRCLE CITY-ST-ZIP CITY-ST-ZIP S. DAYTONA FL 32119 ☐ Addition ☐ Delete TITLE Change NAME NAME BARTLETT, ELEANOR A. STREET ADDRESS STREET ADDRESS 151 CORAL CIRCLE CITY-ST-ZIP CITY-ST-ZIP S. DAYTONA FL 32119 ☐.Change === ☐ Addition= Delete = माग हर TITI F NAME BARTLETT, RONALD STREET ADDRESS STREET ADDRESS 5132 PENN AVE. CITY-ST-ZIP CITY-ST-7IP PITTSBURGH PA 15224 TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 trooper as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

**FILED**