

**2003 LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **A00000000364**

1. Entity Name
BARTRAM INVESTMENTS, LTD.



FILED

03 MAR 24 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**5401 WEST KENNEDY BLVD.
SUITE 751
TAMPA FL 33623**

Mailing Address
**P.O. BOX 23687
TAMPA FL 33623**

2. Principal Place of Business
2325 ULMERTON RD

3. Mailing Address
2325 ULMERTON RD

Suite, Apt. #, etc.
SUITE 20

Suite, Apt. #, etc.
SUITE 20

City & State
CLEARWATER, FLA

City & State
CLEARWATER, FLA

Zip
33762

Country
USA

Zip
33762

Country
USA

DUE BY MAY 1, 2003

4. FEI Number **59-3708335**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~GILES, JOEL B~~
~~200 CENTRAL AVENUE~~
~~SUITE 2300~~
~~ST. PETERSBURG FL 33751-2861~~

Name
GREGORY D. MORRIS

Street Address (P.O. Box Number is Not Acceptable)
2325 ULMERTON RD

STE 20

City
CLEARWATER

FL

Zip Code
33762

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 **GREGORY D. MORRIS**

2/25/03

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

DATE

9. Capital Contributions
as Shown on record. **\$1,000.00**

10. Amount of Capital Contributions
in FLORIDA to date. **1,000.00**

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **P00000019725**
NAME **BARTRAM INVESTMENTS, INC.**
STREET ADDRESS **5401 WEST KENNEDY BLVD.**
CITY-ST-ZIP **TAMPA FL 33623**

STREET ADDRESS

CITY-ST-ZIP

400014552584

03/24/03--01058--011 **141.25

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

M THOMAS

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: **GREGORY D. MORRIS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/25/03

Date

727-576-6424

Daytime Phone #

CR2E003 (10/02)

0013634 AT